CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber M.D. Title: Commissioner of Health — Date: 3/18/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

Records Management Officer: C P Force — Date: 3/18/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR — Howard C. Zapp

2. APPROVED: CITY SOLICITOR — Thomas P. Bond

3. APPROVED: CITY COMPTROLLER — Hugh A. Brown

4. APPROVED: CITY TREASURER — John E. [illegible]

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS — Bernard Feldman

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM — W. T. Hunter

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE — Lord W. Hunter

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. B. 1268-9 F 02573 ✓ F 02573

28695 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stacy S. Brady

(a) Residence: No. West Point St., Ward. Miss
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cath H

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: P O Delivery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Miss

FATHER

13. NAME J. W. Brady

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Sally Ellis

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place West Point Miss Date June 27 19 34

19. UNDERTAKER John A. Mitchell & Son

(Address) 1900 Eutaw Place.

Filed JUN 25 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20. 1934 to June 24. 1934

I last saw him alive on June 24 1934 Death is said to have occurred on the date stated above, at 11.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1933

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 6-23-34

What test confirmed diagnosis? Biopsy Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kuhl M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 268-9

F 02574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02574

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 11-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Winston

(a) Residence: No. 917 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year) June 18 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4J	4J		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newberne (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mildred Williams

(Address) 231 N. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 26, 1934

19. UNDERTAKER Sam'l H. Odell & Son

(Address) 638 N. Gilmor

Filed JUN 25 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma from	
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hergenroth M. D.

Coroner

(Address) 1305 N. Pulaski St.

M. D. F. 2268-9

✓F 02575

02575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Mc Donough St., 8-01 Ward)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Huber

(a) Residence: No. 1105 Mc Donough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND (or) WIFE of: Louis B. Huber

6. DATE OF BIRTH (month, day, year): February 29 1864

7. AGE — Years: 69 | Months: 2 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (Month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Nicholas Stengel

FATHER

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Kolb

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Louis B. Huber

(Address) 1105 Mc Donough St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: June 26. 1933

19. UNDERTAKER: Henry Wolf & Sons, Inc.

(Address) 1301 E. Eager St.

Filed JUN 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1933 to June 23 1933

last saw her alive on June 23 1933. Death is said to have occurred on the date stated above, at 6.0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	

Other contributory causes of importance:

Intestinal Obstruction	

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Amelia E. Linke M. D.

(Address) 1717 N. Caroline St

OCCUPATION is very important. See instructions on back of certificate.

F 02576 ✓ F 02576

M. D. P. 268-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1109 Somerset St. 10-01 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Stettler

(a) Residence: No. 1109 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) the late Mary Stettler

6. DATE OF BIRTH (month, day, year) June 27 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Andreas Stettler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Gerst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Amelia Stettler

(Address) 1109 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion's Cem. Balto. Md. Date June 26 1934

19. UNDERTAKER Henry Kruk Sons, Inc.

(Address) 301 E. Eager St

20. FILED JUN 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28 1934 to June 23 1934

I last saw him alive on June 23 1934 Death is said to have occurred on the date stated above, at 9.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Bronchial Pneumonia	

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nigel Littman M. D.

(Address) 1304 E. Chase

OCCUPATION is very important. See instructions on back of certificate.

F 02577

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02577

CERTIFICATE OF DEATH

x 186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hughes Hospital St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Milton Lucas

(a) Residence: No. Queen Anne St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 17 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph. Lucas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sophie Heaney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Joseph Lucas
(Address) Queen Anne St

18. BURIAL, CREMATION, OR REMOVAL Loudon Pk 6/27/34
Date

19. UNDERTAKER Geo. H. Leyenbach
(Address) 521 N Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Vertebra	June 22 34
Other contributory causes of importance: Fall (Accident)	June 22-34
Name of operation Autopsy	June 22-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 22 1934

Where did injury occur? Bolton Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yard of Home

Manner of injury Fell from tree

Nature of injury Fracture of Spine

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Joseph L Valentine M. D. Coroner

(Address) 26 S Broadway

F 02578

F 02578

M. D. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Truskowski

(a) Residence: No. 207 - North Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Paul Truskowski

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER FATHER

13. NAME Mr. Kulinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Paul Truskowski
(Address) 207 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 27 34

19. UNDERTAKER J. W. Bakowski
(Address) 1050 Eastern Ave

JUN 25 1934

FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/34 - 9.30 PM

22. I HEREBY CERTIFY, That I attended deceased from June 21 1934 to June 23 1934

I last saw her alive on 6/23/34 1934 Death is said to have occurred on the date stated above, at 9.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hernia.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

F 02579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02579

CERTIFICATE OF DEATH

161-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 22-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Campbell.

(a) Residence: No. 538 Chateau Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): June 1st-1934

7. AGE: Years — | Months — | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

13. NAME: Oscar Campbell

14. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

15. MAIDEN NAME: Hilda Baumann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hilda Campbell (Address) 538 Chateau Ave

18. BURIAL, CREMATION, OR REMOVAL: Place St. Pauls Cemetery Date June 26. 1934

19. UNDERTAKER: George L. Schwab (Address) 2401 Pennsylvania Ave

20. FILED JUN 25 1934 Huntington Williams Reg.

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/24/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/23/34 . 19 to 6/24/34 . 19

I last saw him alive on 6/24/34 . 19 . Death is said to have occurred on the date stated above, at 1.40 a. m.

The principal cause of death and related causes of importance were as follows:

Spontaneous hemorrhage of the newborn — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Stackhouse M. D.

(Address) University Hospital.

Dr. Eugene Feller M.D. Coroner

M.F.B. F 02580

HEALTH DEPARTMENT—CITY OF BALTIMORE

M F 02580

CERTIFICATE OF DEATH

210 001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert A Bernal

(a) Residence: No. 1314 S. Montford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eugene A Bernal
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Margaret I Shultz
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Eugene A. Bernal
(Address) 1314 S Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Cemetery ... 19

19. UNDERTAKER [redacted]
(Address) [redacted]

20. FILED ... 19 210 Fredrick ave
Registrar.

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May ... 19 ... to ... 19 ...
I last saw him alive on May ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 24, 1934
Where did injury occur? Biddle St + Lakewood Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Trust accident
Manner of injury Motorcycle he was riding
Nature of injury collided with an auto

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Johns Hopkins Coroner
(Address) 2200 E Madison St M. D.

F 02581

02584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2738 Baker St. 16-01 (Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas Brengel

(a) Residence: No. 2738 Baker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Brengel

6. DATE OF BIRTH (month, day, year) June 12 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME John Brengel

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME ? Eva Dispruker

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Nicholas Brengel Son

(Address) 2738 Baker

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date June 20 1934

19. UNDERTAKER Wm. Ryer & Son

(Address) 120 Aisquith St

JUN 25 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to June 23, 1934

I last saw h... alive on June 23, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3 days
Bronco Pneumonia Terminal	2 Days
Hypostatic	
Acute Nephritis	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	3 Yrs

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wm. J. A. Stevens, M. D.

(Address) 1813 Hargrove Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 02582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02582

CERTIFICATE OF DEATH

117-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~61 S Monday~~ St. Agnes Hospital Wilkens Ave. & Caton Ave. St., [illegible] Ward) one.

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Starsneck

(a) Residence: No. 61 S Monday St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 20, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Starsneck

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Irene Cozzi

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Walter Starsneck
(Address) 61 S Monday St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 25, 1934

19. UNDERTAKER J. B. Hilbert & Son
(Address) 1300 Eastern Ave

JUN 25 1934

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1934 to 6/23, 1934

I last saw him alive on 6/23, 1934 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Perforated Gastric Ulcer
Conjugital Atresia of Duodenum
Peritonitis

Date of onset: (a) ? (b) 6/23/34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel S. Shanahan, M. D.

(Address)

M. D. B. 1268-9

F 02583

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02583

CERTIFICATE OF DEATH

93-003

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Eutaw Place St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Bergen

(a) Residence: No. 2406 Eutaw Place St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel G. Bergen

6. DATE OF BIRTH (month, day, year) May 19, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Muchael Bergen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. B. Salomon

(Address) 2409 Brookfield Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Oheb Shalom Cem Date June 27 1934

19. UNDERTAKER Ward Goodman Inc.

(Address) 1902 Eutaw Place

19 Williamsport, Md.

JUN 25 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to June 25 1934

I last saw him alive on June 25 1934 Death is said to have occurred on the date stated above, at 11 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 years
Myocarditis	
Other contributory causes of importance:	
Uremia	10 days

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leitz M. D.

(Address) Temple Gardan Apts.

M. D. R. 1268-9

F 02584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02584

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 N. Ostend St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna L. Russell

(a) Residence: No. 1224 N. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Lee F. Russell

6. DATE OF BIRTH (month, day, year) Sept 19th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 6/27

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Louis or Franklin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Wamsley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr C. F. Tyler

(Address) 1224 N. Ostend St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 6/26/1934

19. UNDERTAKER John T. Condon & Son

(Address) 1545 Walbrook Ave

JUN 25 1934 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/1934

22. I HEREBY CERTIFY, That I attended deceased from 6/23/34, 19..., to 6/24/34, 19...

I last saw h.. alive on 6/23/34, 19... Death is said to have occurred on the date stated above, at 12 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Hilar	6/18/34
Other contributory causes of importance:	
Ur. Sclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bernard J. Levy, M. D.

(Address) 910 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

02585

F 02585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V. 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris L de Vries

(a) Residence: No. 1652 Foxcroft Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) June 13-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry J G De Vries

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Blanche A de Bruyn

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Blanche de Vries

(Address) 1652 Foxcroft Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date June 25, 1934

19. UNDERTAKER Edward H. Conklin

(Address) 924 E. Eager St.

JUN 25 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on Injury 19.. Death is said to have occurred on the date stated above, at 5:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epistaxis (Hemophilia)	June 18 1934
Other contributory causes of importance: Hypertension (probable nephritic complications)	

Name of operation ..... Date of .....

What test confirmed diagnosis Injury? there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ... If ... specify .....

(Signed) Jos L. Volkmann M. D.
Coroner

(Address) 16 E Lexington Broadway

M. D. F. 12

F 02586

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02586

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Mount St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos. Travers

(a) Residence: No. 1609 Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mail	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jas Travers

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Ann Travers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sulah Travers
(Address) 1609 Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary. Date June 24th 1934

19. UNDERTAKER Elroy Dirham
(Address) 1022 Hilliard ave

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17 1934 to June 22 1934

I last saw him alive on June 21 1934 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

(a) Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Hamm M. D.

(Address) 627 Lexington

M. D. B 1284

F 02587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 02587

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Vine St St., 19-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Brooks

(a) Residence: No. 1811 Vine St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Brooks

6. DATE OF BIRTH (month, day, year): March 15 - 1860

7. AGE: Years 74 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George Stewart

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Nellie Rivers

16. BIRTHPLACE (city or town) (State or country): Churchton Md

17. INFORMANT: Mildred Brooks Gilligan

(Address) 1811 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Moriah Cemetery Date: June 20 1934

19. UNDERTAKER: Charles H. Burkett

(Address) 5-28 Laurens St

20. FILED: June 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs.

Other contributory causes of importance:

Name of operation: Surgery Date: June 22-34

What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M.D.
Coroner

(Address)

M. D. B. 1939 F 02588

F 02588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 13 W (rd)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Bernice Roosevelt Howard

(a) Residence: No. 619 W. 36th St. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Samuel Howard

6. DATE OF BIRTH (month, day, year) Sept 9, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry Walker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Beula Morgan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Waugh Chapel Date June 27 1934

19. UNDERTAKER John Burns Sons
(Address) Towson Md.

20. FILED JUN 25 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1934, to June 24th, 1934.
I last saw her alive on June 24, 1934. Death is said to have occurred on the date stated above, at 6 25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum Inversion of Uterus	6/24/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Breaune Sterling, M. D.

(Address) Union Memorial Hospital

M. D. P. 1208-9

F 02589

02589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Rockrose Ave 45th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Dahne

(a) Residence: No. 2817 Rockrose Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Dahne

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Park

FATHER

13. NAME Louis Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Dahne

(Address) 2817 Rockrose ave

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 6/25/34

19. UNDERTAKER Jack Levine

(Address) 1739 E. Baltimore St

[illegible] 19 Registrar

JUN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to June 25, 1934

I last saw her alive on June 24, 1934 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	4 mos.
Cerebral Hemorrhage	10 wks.

Other contributory causes of importance:

Broncho-Pneumonia	5 days

Name of operation Hysterectomy Date of 10 WKS ago.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm H. Carmen M. D.

(Address) 2710 Eutaw Pl.

12590 Flashman

HEALTH DEPARTMENT—CITY OF BALTIMORE B 12590

CERTIFICATE OF DEATH

√131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Main ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S. If of foreign birth yrs. 40 mos. ds.

2. FULL NAME Benjamin L. Flashman

(a) Residence: No. 4200 Main ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dead

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Felix David Flashman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leibi

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Maurice Sneider

(Address) 4200 Main ave

18. BURIAL, CREMATION, OR REMOVAL

Place Harmony Mem Date 6/26/34

19. UNDERTAKER Jack Levin Fry

(Address) 1737 E. Baltimore St.

20. FILED 19 Registrar

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932, to June 25, 1934.

I last saw him alive on June 25, 1934. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1932
Nephritis	4 yrs ago
Syphilis	1934

Other contributory causes of importance:

Prostatic hypertrophy	2 yrs
Hernia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Pusheritz, M. D.

(Address) Medical Arts Bldg.

02591 1268-9

F 02591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 20-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Female~~ Lois Butler

(a) Residence: No. 2024 Eagle St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Sam Butler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie Silver

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Butler
(Address) 2024 Eagle St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Wolf'd Date 6-25-34 19

19. UNDERTAKER Jack Weiss Inc
(Address) 1712 E Baltimore St

JUN 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1934, to June 24, 1934

I last saw him alive on June 24, 1934 Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

02592 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 02592

CERTIFICATE OF DEATH

Registered No. 94002

1. PLACE OF DEATH — CITY OF BALTIMORE: (No.) Baltimore Brewing Co. Brehms Lane St. 76-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

2. FULL NAME CHARLES W. ERNEST.

(a) Residence: No. 3101 Kenyon Ave. St Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Gleisner Ernest

6. DATE OF BIRTH (month, day, year) Sept. 5. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Ernest

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mamie Ernest (Wife)

(Address) 3101 Kenyon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Park Cemetery Date June 25 19 34

(Place)

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED June 25 19 34 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date above at after 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	
Coronary Sclerosis	??

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) .....

F 02593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02593

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Col.)

CITY OF BALTIMORE: (No. 5-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Seth Jones

(a) Residence: No. 1028 E. Fayette st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1899.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Corienna Eli

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 25, 19 34

19. UNDERTAKER

(Address)

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to June 21, 1934

I last saw him alive on June 21, 1934. Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Major M Jacobson, M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02594

02594

CERTIFICATE OF DEATH

107-001

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Christian St. 21-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H Lewis

(a) Residence: No. 2022 Christian St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Ella M Lewis

6. DATE OF BIRTH (month, day, year) Aug 19 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truckster 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James A Lewis

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah A Dare

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Lillian Lewis

(Address) 2022 Christian St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 6/26 1934

19. UNDERTAKER Frederick G. Cole

(Address) 1000 Lombard St

Filed for Record JUN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on June 22 19 34 Death is said to have occurred on the date stated above, at 1.09 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	June 9 1934 (?)
Other contributory causes of importance: Laceration	7

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Joseph L. Holmstrom M. D. Coroner

(Address) 12 Lexington Building

(over)

M. D. B. 1203-0

F 02595

02595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Magnus

(a) Residence: No. 1620 N. Mansfield St., ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius Magnus.

6. DATE OF BIRTH (month, day, year) 2/12/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Francis Flemming.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 26 1934

19. UNDERTAKER Fredk. Sussdorf & Son

(Address) 2401 Pulaski Hwy

25 1934

Permit for Burial or Removal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1933 to 6/21 1934

I last saw her alive on 6/21 1934 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1 year
Other contributory causes of importance: Jaundice	

Name of operation Gastrostomy Date of 6/14/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. P. Bourne M. D.

(Address) Balto City Hosp

M. D. P. 1268-9

02596

F 02596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Johnson.

(a) Residence: No. 837 W 34th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Johnson.

6. DATE OF BIRTH (month, day, year) 9/1/1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 47

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ray Johnson (son)

(Address) 837 W 34th St

18. BURIAL, CREMATION, OR REMOVAL

London Park Date June 27, 1934

19. UNDERTAKER Thanhouser Son

(Address) 36-5 Charlestown Ave

25 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1934 to 6/24, 1934

I last saw him alive on 6/24, 1934 Death is said to have occurred on the date stated above, at 2-45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, left.	6/18/34
Hypertension	?
Arteriosclerosis	?
Acute pulmonary edema	6/24/34

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ;

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. P. 1268-B

F 02597

02597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balte City Hosp. St., 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Halayda.
(a) Residence: No. 819 S. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed.
5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Thomas Halayda.
6. DATE OF BIRTH (month, day, year): 1869 ?
7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife. 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER
13. NAME: Michael Tukszewski
14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER
15. MAIDEN NAME: Mary ? Poland.
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Mary Price.
(Address) 917 S. East St City

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date June 26 1934

19. UNDERTAKER: John M Welby
(Address) 420 S. Exeter St

Registrar.

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/13 1934 to 6/23 1934
I last saw h alive on 6/23 1934 Death is said to have occurred on the date stated above, at 10 42 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, ~~ruptured~~	6/4/34
Bronchopneumonia. ?	6/20/34

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reede M. D.
(Address) Balto. City Hosp.

M. D. B. 1968-3

F 02598

F 02598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 South Collington Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in (city) or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Cralle

(a) Residence: No. 11 South Collington Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 5 1863

7. AGE: Years 71 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hershburg Hollander

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Frances Bowers

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: William F Masterman

(Address) 2119 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date June 26 34

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23rd 34

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to June 23 1934.

I last saw him alive on June 23 1934. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Cardiac Decompensation	June 23,
Other contributory causes of importance: Chronic Nephritis, Edema Uremia.	

Name of operation: None Date of

What test confirmed diagnosis? Clinical & Lab at Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —— Date of Injury ——, 19—

Where did injury occur? ——

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph N Zeigler M. D.

(Address) 207-8 Medical Arts Bldg

M. D. F 1208-9

F 02599

02599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bello City Hospital, (Street) (Ward)

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rowles.

(a) Residence: No. 642 S. Stiles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Rowles

6. DATE OF BIRTH (month, day, year) 11/19/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Bedding Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co. Md.

FATHER

13. NAME Charles F. Rowles

14. BIRTHPLACE (city or town) (State or country) A A Co. Md.

MOTHER

15. MAIDEN NAME Martha Wood

16. BIRTHPLACE (city or town) (State or country) A A Co. Md.

17. INFORMANT Boop Rowles.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mark Wood Date June 26 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St

Registrar

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1934 to 6/22 1934

I last saw him alive on 6/22 1934 Death is said to have occurred on the date stated above, at 3/10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx with Metastasis to Neck	7 Mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. R. Bayne M. D.

(Address) Bello City Hospital

M. D. B 1268-9

F 02600

02600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 N. Chester St., 7-01 Ward)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Cloud

(a) Residence: No. 737 N. Chester St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Cloud

6. DATE OF BIRTH (month, day, year): Dec 25 1854

7. AGE: Years 79 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Cloud

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs. A. Ward

(Address) 737 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Bal. Cem. Date June 26, 1934

19. UNDERTAKER: Philip Haug Sons

(Address) 2016 Eastern Ave

20. FILED ... Registrar

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to June 23 1934

I last saw h... alive on June 23 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5 days

Other contributory causes of importance:

acute Cardiac Dilatation — 1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. D.

(Address)

M. D. B. 1268-9

F 02601

02601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Latsh Lord

(a) Residence: No. 1135 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (~~H~~ WIFE of) Herbert Latsh Lord

6. DATE OF BIRTH (month, day, year) Dec 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME F. Y. Rice

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME E. A. Weatherspoon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT H. F. Lankford (Address) 1136 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 6/26/34

19. UNDERTAKER H. C. Sammons & Son (Address) 1136 Poplar Grove St

25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1934 to June 23, 1934

I last saw her alive on June 23, 1934 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic nephritis	about 25 yrs
2. Hypertension	
3. Chronic myocarditis	

Other contributory causes of importance:

1. Myocardial failure
2. Uraemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. F. Lankford, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. P. 1268-9

F 02602

02602 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (T.V.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victoria Smith

(a) Residence: No. 912 Harlem Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Smith

6. DATE OF BIRTH (month, day, year) Oct. 16, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank Hill

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Va Date June 26, 1934

19. UNDERTAKER Joseph A. Lively
(Address) 1099 Mount Street

[illegible] Huntington Williams, M.D.

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934 to June 22, 1934

I last saw her alive on June 22, 1934 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer M. Jacobson, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 02603

02603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Windsor Avenue St., 15-01 Ward)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Edward Griffin Cuyler

(a) Residence: No. 3210 Windsor Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Short

6. DATE OF BIRTH (month, day, year) Dec. 16, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mobile Alabama

FATHER

13. NAME Cornelius Cuyler

14. BIRTHPLACE (city or town) (State or country) Loversville New York

MOTHER

15. MAIDEN NAME Anna Griffin

16. BIRTHPLACE (city or town) (State or country) -------- Alabama

17. INFORMANT Mrs. Agnes S. Cuyler

(Address) 3210 Windsor Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 6/27 19 34

19. UNDERTAKER Henry H. Mears & Son

(Address) 208 N. Calvert St.

16 for Kiss

Funeral Director.

5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 — 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 - 1933 to June 24 1934

I last saw h.. alive on June 24 1934 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mel. and Coma -	about
Complications (Gangrene)	1915
Acute cardiac failure	6/17-34

Other contributory causes of importance:

Chronic Nephritis - Myocarditis Diabetic Retinitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. & Chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Wesley Cole M. D.

(Address) 2202 Harlem Ave

M. D. B. 1268-9

✓ F 02604

HEALTH DEPARTMENT—CITY OF BALTIMORE

12604

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Taney Road St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 63 yrs. ... mos. ... ds.

2. FULL NAME Rachel Frank Steinberger

(a) Residence: No. 3413 Taney Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Steinberger

6. DATE OF BIRTH (month, day, year) About 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Nissan Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Steinberger
(Address) 3414 Taney Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Cem. Date June 26 1934

19. UNDERTAKER Harry Sonnheimer Son Inc
(Address) 1902 Eutaw Place

20. FILED JUN 25 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934 to June 24, 1934

Last saw her alive on June 24, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	Unknown
Other contributory causes of importance:	
Myocarditis + Angina	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Edw. Cohn M.D. M. D.

(Address) 5007 Park Heights Ave.

M. D. B. 1268-B

F 02605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02605

CERTIFICATE OF DEATH

82-001

Registered No. 13-01

1. PLACE OF DEATH Monterey Apts.

CITY OF BALTIMORE: (No. Whitelock St. & Linden Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vivian Liberles Ellington

(a) Residence: No. 270 W. 75th. St. New York St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudi Ellington

6. DATE OF BIRTH (month, day, year) Aug. 10, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ned Liberles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Rosenfeld

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. R. Liberles

(Address) Monterey Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Crem. Date June 26 1934

19. UNDERTAKER David Shadkin & Son

(Address) 1902 Eutaw Place.

25 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to June 24, 1934

I last saw h[illegible] alive on June 24, 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 22
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Saul Waldman, M. D.

(Address) 2444 Eutaw Place

M. D. P. 1248-8

F 02606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02606

157-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5½ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Porter

(a) Residence: No. Middle Branch Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26. 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3 Month	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) The Lord.

FATHER

13. NAME Harry Porter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Richardson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frieda Leppert (Address) Mercy Hospital Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem. Date June 27. 1934

19. UNDERTAKER Fredk Landsberg Son (Address) 240 Belair Rd.

JUN 26 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14. 1934. to June 25. 1934

I last saw him alive on June 25 1934 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double cleft palate.	4 Mos.
Asphyxiation due to aspiration of Milford Acid	15 Min
Other contributory causes of importance:	
Delayed Surgical Shock	

Name of operation Partial repair Date of 6 25 34

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Gilchrist M. D.

(Address) The Mercy Hospital Balto

M. D. B 1268-9

F 02607

F 02607 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Llewelynn Ave St., 8-01 Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Small

(a) Residence: No. 2127 Llewelynn Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Small

6. DATE OF BIRTH (month, day, year) Nov 29/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	7 6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

FATHER

13. NAME Frank Brauner

14. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

MOTHER

15. MAIDEN NAME Eliza Clark

16. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

17. INFORMANT Husband
(Address) 2127 Llewelynn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date June 26, 1934

19. UNDERTAKER Mrs. R. A. Elliott - Daughter
(Address) 1129 N. Caroline St.

20. FILED JUN 26 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.40 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Cardio-vascular Disease?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. Paul M. D.
Coroner

(Address) 506 E. Monument

M. D. 129

F 02608

F 02608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-31 Ward) 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eileen May Zgamowsky

(a) Residence: No. 3005 Batavia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-28-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Vernon Zgamowsky

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Western Cem. Date 6/28, 1934

19. UNDERTAKER Leonard S. Ryck
(Address) 5305 Harford Rd

Registrar.

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1934, to 6-25, 1934

I last saw her alive on 6-25, 1934. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3 days.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Butlerworth M. D.

(Address) Mercy Hospital Balto. Md.

F 02609

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02609

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Sarah Lewis

(a) Residence: No. 1008 Arlington ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66 70 yrs				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER

13. NAME Paris Conyers

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hosp record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 6/26/ 1934

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED (Date) Hamilton Ave. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/28 1931 to 6/24 1934

I last saw her alive on 6/24 1934 Death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease with decompensation	2 wks

Other contributory causes of importance: Various ills.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, give

(Signed) T. B. Beavers M. D.

(Address) Balto City Hosp

M. D. F. 1263-9

F 02610

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02610

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp. St. 17-N (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Dennis West.

(a) Residence: No. 941 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James West.

6. DATE OF BIRTH (month, day, year): 11/14/1880.

7. AGE: Years 53; Months 7; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Nelson Burke

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Florence Washington

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Husband See above.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem Date 6/27/, 34

19. UNDERTAKER (Address): Frances A. Hensley 518 W. Biddle St.

JUN 26 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/14, 1934 to 6/24, 1934

I last saw h[illegible] alive on 6/24, 1934 Death is said to have occurred on the date stated above, at 4 40/a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Nov '34
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

M. D. F 02611 ✓ F 02611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. 3698

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 Calhoun St., 16-04 Ward)

Length of residence in city or town where death occurred .yrs. mos. ds. | How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Lalb

(a) Residence: No. 1156 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-23-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			13 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Lalb

14. BIRTHPLACE (city or town) (State or country) Glasters Co. Va

MOTHER

15. MAIDEN NAME Myrah Ball

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

17. INFORMANT Myrah Lalb
(Address) 1156 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Universal C. M. Date June 25, 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-23-1934 to 6-23-1934.
I last saw him alive on 6-23-1934. Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset 6-23-34

Other contributory causes of importance:

Unknown

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hans Kaufler M. D.

(Address) 1029 N. Stricker St

EC 1934 0508

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 02612 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02612

CERTIFICATE OF DEATH.

Hillen Rd Morgan Ave 159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Morgan College ST. 7-1-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Coras E- Hill

(a) RESIDENCE. NO. Morgan College ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13-34

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		June	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Talmadge Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Frances Brent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Talmadge Hill (Address) Morgan College

15 JUN 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1934

17 I HEREBY CERTIFY, That I attended deceased from June 13 1934 to June 24 1934

that I last saw h alive on June 24 1934

and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Premature birth six months in utero

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. mos. 11 ds.

18 Where was disease contracted? If not at place of death at place of death

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) $13 Tyler M. D.

6-25 1934 (Address) 1413 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/25/ 34

20 UNDERTAKER Mrs. George H. Rollins

ADDRESS 1631 Druid Hill

M. D. B. 1268-9

F 02613

284383

lung

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02613

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Boyd

(a) Residence: No. 1710 McCulloh St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

6. If married, widowed, or divorced (or) WIFE of James (name)

6. DATE OF BIRTH (month, day, year) Oct 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Peggy Lyburn

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 5/26/34 19

19. UNDERTAKER Wm. Lange & H. Holland

(Address) 163 N. Eutaw St.

FILED ..... 19 ..... Registrar.

MAY 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to June 23, 1934

I last saw ... alive on June 20, 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	6/1/34

Other contributory causes of importance:

Diabetes mellitus

Infected foot, left

Name of operation Excision & drainage of abscess, foot — Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 02614 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ M F 02614

210-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1725 Lancaster St Ward) 2-01

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Schliske

(a) Residence: No. 1725 Lancaster St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amalie Schliske

6. DATE OF BIRTH (month, day, year) ...

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Amalie Schliske
(Address) 1725 Lancaster St

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Date 6/27 34 19

19. UNDERTAKER John J. Puda
(Address) 2515 Hudson St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy 19 .. to injury & autopsy 19 .. 19 ..
I last saw h... alive on injury & autopsy 19 .. Death is said to have occurred on the date stated above, at 7.55 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Central congestion & Edema
Hypostatic Pneumonia

Other contributory causes of importance:

Automobile accident

Name of operation none Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/12 1934
Where did injury occur? Patterson PK & Eastern Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury auto in which he was riding was struck by a truck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St

M. D. B. 1968-a

02615

✓ F 02615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH 539 Gold

CITY OF BALTIMORE: (No. Balte 2nd St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victor Smith

(a) Residence: No. 539 Gold St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 4, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mathews Co Va

FATHER

13. NAME Robert Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia Brooks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Ossie Silver

(Address) 539 Gold St

18. BURIAL, CREMATION, OR REMOVAL

Place Mathews Co Va Date June 28 1934

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Presstman St.

20. FILED JUN 26 1934 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/34, 19

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to 6-25-34, 19

I last saw h— alive on 6-24-34, 19 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	6/1934

Other contributory causes of importance:

Occupation (Industrial)

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Boykin M. D.

(Address) 1512 Fulton

M. D. B. 1268-9

F 02616

2616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Madden

(a) Residence: No. 544 W. Preston st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Madden

6. DATE OF BIRTH (month, day, year) Sept. 7, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 123

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Madden

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 6/28/34

19. UNDERTAKER Thos. G. Kelson

(Address) 1303 Pennsylvania Ave

Filed 6-26-1934 Huntington Wellington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934 to June 24, 1934

I last saw him alive on June 24, 1934. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Laurence H. Sera M. D.

(Address) Baltimore City Hospitals

Spec.—1-30—M. & T.—250 Bks.

02617

F 02617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1007 N. Calvert ST., 11-Ad WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lotta Stiefel

(a) RESIDENCE NO. 1007 N Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Dr John George Stiefel

6 DATE OF BIRTH (month, day, and year): Aug 4 1879

7 AGE: Years 54 | Months 10 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn

12 MAIDEN NAME OF MOTHER: Lena Pass

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Geo W Little

(Address) 2700 Edmondson Ave

15 Filed JUN 26 1934 Registrar: Hattie Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-25-34

17

I HEREBY CERTIFY, That I attended deceased from April, 1934, to June 25, 1934.

that I last saw her alive on June 24, 1934.

and that death occurred, on the date stated above, at 3A M

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Hypertension - Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Dr Bernard Cohen M. D.

, 19 (Address) Marlborough Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: JUN 27 19 34

20 UNDERTAKER: Geo W Little

ADDRESS 2700 EDMONDSON AVE

M. D. B. 1268-9

02618 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02618

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Edmondson Ave St., 16th Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Sampson

(a) Residence: No. 916 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elmer Sampson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabell Neuman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elmer Sampson

(Address) 916 Edmonson ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn by Date 6/27. 1934

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Presstman St.

20. Filed JUN 26 1934 Huntington Inspector

Remarks:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16. 1934 to June 25. 1934

I last saw her alive on June 24. 1934. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Hagan M. D.

(Address) 677 Edmondson

M. D. R. 12618

F 02619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02619

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 E. Balto St., 6-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Yetta Shuman

(a) Residence: No. 2004 E. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Shuman

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Klumpus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Ida Furman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern Ave Date June 26 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1122 E. Balto St

JUN 26 1934 Huntington Withdrawn NP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to June 25, 1934

I last saw h[illegible] alive on June 25, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis and Myocarditis — Date of onset ?

Other contributory causes of importance:

Acute cardiac dilatation — June 25

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Kadrw M. D.

(Address) 2306 Eutaw Place

F 02620

Spec. 1-10-21 MAT 1500 Bks.

F 02620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 4 Talbot St ST. 25-01 WARD)

2. FULL NAME William Beck

(a) RESIDENCE NO. 4 Talbot St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs — mos — ds. How long in U. S., if at foreign birth? — yrs — mos — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (H) HUSBAND of (or) WIFE of Lillian a Ellis

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 45 Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work American Delivery

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER William Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Minnie Amon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

PARENTS

14 Informant Wm Beck-husband 4 Talbot St

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23rd 1934

17 I HEREBY CERTIFY, That I attended deceased from June 19th 1934 to June 23 1934

that I last saw h[illegible] alive on June 23 1934

and that death occurred, on the date stated above, at 5 P— m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism from Probable Mesenteric thrombosis due to Malignant Growth of Intestine with Chronic Obstruction (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malignant disease of intestine (duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Supposed diagnosis

(Signed) Robert W Johnson M. D.

, 19 (Address) 356 W Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem.

DATE OF BURIAL 6/26/34 19

20 UNDERTAKER J Fahey Jones

ADDRESS 1218 Light

JUN 26 1934 [illegible]

F 02621

No. 02621

28622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Veronica Iopa

(a) Residence: No. 1705 Lancaster St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/24/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	20	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Iopa

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Pecak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus, Cem. Date June 26th 1934

19. UNDERTAKER George A. Weber (Address) 200 S. Ann Street Huntington Williamsport, Md.

20. FILED JUN 26 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1934 to June 25, 1934

I last saw her alive on June 25, 1934 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	6/17/34
Other contributory causes of importance: Pulmonary Tuberculosis	?

Name of operation None Date of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur H. Hyatt M. D.

(Address) Johns Hopkins Hospital

F 02622

F 02622

2862 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lloyd Rowland

(a) Residence: No. 1104 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) 3/28/07

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Solomon Rowland

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Edna P

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Cem Date June 26 1934

19. UNDERTAKER Edward Bryan
(Address) 1631 Orleans St

[illegible] 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3 1934 to June 23 1934
I last saw h[illegible] alive on June 23 1934 Death is said to have occurred on the date stated above, at 4 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal meningitis	2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Carmichael Leigh M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 02623

F 02623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 22 26
Med

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14 Ward) 1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Potter

(a) Residence: No. 2011 Ettings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 25 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	- 10	- 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Potter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date June 27 1934

19. UNDERTAKER U. G. Brooks
(Address) 146 3/4 Caroll St

6 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-17-1934 to 6-24-1934

I last saw her alive on 6-24-1934. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bacterial Endocarditis	1. Jan
Chr. Rheum Endocarditis	2.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) R. Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 02624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH:

CITY OF BALTIMORE: (No. 304 No Stricker St., 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gilbert Goode

(a) Residence: No. 304 No Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (Write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): Feby 6-1934

7. AGE: Years ..... Months 4 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Thomas Goode

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Lena Mayfield

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Lena Goode

(Address): 304 No Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date June 26, 1934

19. UNDERTAKER: Mrs Katie R. Williams

(Address): 322 S Arlington Ave.

20. FILED June 27, 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 21-34

Other contributory causes of importance:

No Infection Known.

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) .....

M. D. B 1268-2

F 02625 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02625

CERTIFICATE OF DEATH

Registered No. 175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Pindell

(a) Residence: No. 243 N Carey St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Ella Pindell

6. DATE OF BIRTH (month, day, year) Feb 16/96.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	38	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

13. NAME Robert Pindell

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

15. MAIDEN NAME Carrie E Brown

16. BIRTHPLACE (city or town) (State or country) Wash D C

17. INFORMANT Carrie E. Pindell

(Address) 243 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Md Date June 27, 1934

Place

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N. Monroe St.

JUN 26 1934 Baltimore, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3308 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Homicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or (homicide)? No Date of injury 6/22, 1934

Where did injury occur? 226 Rock St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck in a fight

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. B. Herzog M.D. M. D.

Coroner

(Address) 1305 N Patterson Park

F 02626

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02626

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Stewart

(a) Residence: No. 434 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Stewart.

6. DATE OF BIRTH (month, day, year) 1/9/1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Stewart.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Garrett.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Stewart.
(Address) 427 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 26, 34

19. UNDERTAKER Wm. K. Tate & D. Wilkins
(Address) 322 N. [illegible]

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/9. 1934 to 6/22 1934
I last saw him alive on 6/22 1934 Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Dec '33
Emphysema	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert J. Reiter, M. D.

(Address) Balto City Hosp

F 02627

M. D. R. 1268-9

F 02627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 30-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Reynolds

(a) Residence: No. 1825 W. Vine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Reynolds.

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Lula Reynolds

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 27, 1934

19. UNDERTAKER Wm. Kot & R. Williams

(Address) 322 N. Fremont St.

20. FILED June 27, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1934 to 6/23, 1934

I last saw him alive on 6/23, 1934 Death is said to have occurred on the date stated above, at 9.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	6/21/34
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reis, M. D.

(Address) Balto City Hosp.

M. D. B. 1263-9

02628 HEALTH DEPARTMENT—CITY OF BALTIMORE E 02628

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Isler
(a) Residence: No. 2325 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 26, 1934.

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		X	6 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph R. Isler
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Eleanor Maxwell
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph R. Isler
(Address) 2325 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date June 26 1934

19. UNDERTAKER White & Cook
(Address) 1211 St Paul St.

FILED JUN 28 1934 Thos. C. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Congenital Heart	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner
(Address) 106 W. Fayette

M. D. 12

F 02629

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02629

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Maryland General Hospital St., 28-Ord Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 64 yrs. .....mos. .....ds. How long in U. S. If of foreign birth? ..... yrs. ..... mns. ..... ds.

2. FULL NAME Mrs. Ada Merchant.

(a) Residence: No. 4310 Penhurst ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Alexander Merchant

6. DATE OF BIRTH (month, day, year): April 13 1855

7. AGE: Years 79; Months 2; Days 13; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Mrs. Lyons

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Mary Isaac

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Susie B. Bowen

(Address) 4310 Penhurst ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 6/28 1934

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to June 26 1934

I last saw h[illegible] alive on June 26, 1934 Death is said to have occurred on the date stated above, at 1 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicial abscess	6-15
Chronic Myocarditis	

Other contributory causes of importance: Myocardial Failure

Name of operation Drainage abscess Date of 6-22-34

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. P. 1268-9

F 02630

02630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Aisquith St., 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Reed

(a) Residence: No. 1013 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Reed

6. DATE OF BIRTH (month, day, year) July 4 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Conrad Ernst

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Regina Kessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude Heilman

(Address) 1013 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 29 1934

19. UNDERTAKER Kemp Hoen & Sons Inc

(Address) 301 E. Eager St

20. FILED ... Registered No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1934

I HEREBY CERTIFY, That I attended deceased from May 18 1934 to June 26 1934

I last saw ... alive on June 26 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	6/25/34

Other contributory causes of importance:

Arteriosclerosis, hypertension & myocarditis.	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) John A. Schenuch M. D.

(Address) 1337 S. Chanler St.

M. D. B. 1268-9

02631

F 02631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W Mc Mechen St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

2. FULL NAME Clara G. Shipley Barrett

(a) Residence: No. 111 W McMechen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Barrett

7. DATE OF BIRTH (month, day, year) 1856

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

13. NAME OF FATHER John Shipley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Mary —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm H. Barrett

(Address) 1505 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date June 27, 1934

19. UNDERTAKER John C. Mitchell & Bro

(Address) 1900 Eutaw Place

JUN 26 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 A. D. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-23-34
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leon Love, M. D. Coroner

(Address) .....

M. D. B. 1265-9

F 02632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02632

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Butler

(a) Residence: No. 117 N Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Butler.

6. DATE OF BIRTH (month, day, year) 2/12/1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Gordon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susan Bisco

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Teresa Byrd (daughter)
(Address) Same as above.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 27 1934

19. UNDERTAKER Mrs R A Perrott
(Address) 1124 N Gay Ave

20. FILED 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/17 1934 to 6/25 1934

I last saw her alive on 6/25 1934 Death is said to have occurred on the date stated above, at 4 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of abdominal organs	Jan 34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

AACo. 5-11 2508

F 02633

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02633

CERTIFICATE OF DEATH

Registered No. V 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Keystone Ave St. 13-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Lucie~~ Frances Anna Lipscomb

(a) Residence: No. 3617 Keystone Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-25-34

7. AGE	Years	Months	Days	If LESS than 1 day 4 hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

13. NAME William Temple Lipscomb

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Anna Chesteria Hannon

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT wife Temple Lipscomb (Father)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date June 29 1934

19. UNDERTAKER
(Address)

20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1934, to 6-25, 1934

I last saw her alive on 6-25, 1934 death is said to have occurred on the date stated above, at 11.4 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) S. A. Aleson M. D.

(Address) 6217 Harford Rd

M. D. B. 1268

F 02634

F 02634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna KRAVETZ.

(a) Residence: No. 2119 W. NORTH Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sidney Kravetz

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, ~~weaver~~ wife, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Meyer Telgarin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Olga

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bertha Telgarin

(Address) 2119 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Interred Cloverdale Date 6/26/34

19. UNDERTAKER Jack Sears Inc.

(Address) 1132 E. Balto St.

20. 1934 Statistician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to June 25, 1934

I last saw her alive on June 24, 1934 Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - Type III	6/1/34
Empyema	6/20/34
Infiltration Tuberculosis	
Cardiac failure	

Other contributory causes of importance:

Name of operation Thoracotomy Date of 6/23/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Hemelfarb M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

F 02635

2635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Conyer

(a) Residence: No. 1621 N. Bruce St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Child

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 2, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Oscar Hammond

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Frances Conyer

16. BIRTHPLACE (city or town) (State or country) Unknown Pecans.

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 26, 1934

19. UNDERTAKER

(Address)

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to June 19, 1934

I last saw him alive on June 19, 1934. Death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, Acute Bacillary	6-5-34
Other contributory causes of importance:	
Prematurity	5-4-34
Septicemia	6-18-34

Name of operation None Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Arthur H. Hurd M. D.

(Address) Johns Hopkins Hospital

JUN 25 1934

0512

M. D. B. 1268-9

F 02636

02636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH 5100 Arabia Ave. 27-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Frances C. Fleming

(a) Residence: No. 5100 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of James P. Fleming

6. DATE OF BIRTH (month, day, year) January 4, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnstown Pennsylvania

FATHER

13. NAME J. Charles Cherry

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Martha Dugan

16. BIRTHPLACE (city or town) (State or country) Johnstown Pennsylvania

17. INFORMANT Miss Mae M. Fleming

(Address) 5100 Arabia Ave.

18. BURIAL, CREMATION, OR REMOVAL [illegible] June 27, 1934

19. UNDERTAKER [illegible]

(Address) 1003 W. Baltimore St.

[illegible] Huntington Williams, M.D.

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to June 24 1934

I last saw h alive on June 1 1934 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure (Acute Cardiac Dilatation) Died instantly

Date of onset 1933

Other contributory causes of importance:

arteriosclerosis, Edema, Nephritis

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. W. Peaks M. D.

(Address) 4506 Harford Ave.

M. D. B. 1268-9

F 02637

HEALTH DEPARTMENT—CITY OF BALTIMORE

02637

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 11-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Helena Zell

(a) Residence: No. Call Cedar Home 616 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-15-71

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alsace, France
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Record
(Address) Bon Secours Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Kentucky June 26 '34

19. UNDERTAKER Paul P. Gaidet & Son
(Address) 1701-03 Light St.

REGISTERED June 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25-34

22. I HEREBY CERTIFY, That I attended deceased from 6-24-34 to 6-25-34

I last saw her alive on 6-25-34 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-22-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert H. Allison M. D.

(Address) Bon Secours Hospital

M. D. R 1263-B

F 02638

HEALTH DEPARTMENT—CITY OF BALTIMORE

02638

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3541 Liberty Heights St. (Ward) 15-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Lohmeyer
(a) Residence: No. 3541 Liberty Heights St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml
4. Color or race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm R. Lohmeyer
DATE OF BIRTH (month, day, year): June 28 1879
AGE: Years 57 Months — Days 22 If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Rockville Md
13. NAME OF FATHER: Alex Mundy
14. BIRTHPLACE (city or town) (State or country): Rockville Md
15. MAIDEN NAME OF MOTHER:
16. BIRTHPLACE (city or town) (State or country): Va
INFORMANT: Wm R. Lohmeyer
(Address) 3541 Liberty Heights St.
BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date June 27, 1934
UNDERTAKER: Wm J. Pickerel & Son
(Address) North & Pine Sts.
26 1934 Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24, 1934
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No
If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Feldmann M. D. Coroner
(Address) 100 [illegible]

M. D. B. 1268-9

02639

✓ F 02639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Brickendge (Emma Estelle Brickendge

(a) Residence: No. 4305 Groveland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of David A Brickendge

6. DATE OF BIRTH (month, day, year): Apr 18 1867

7. AGE: Years 67 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

13. NAME Thomas W Sims

14. BIRTHPLACE (city or town) (State or country): Stafford Co. Md.

15. MAIDEN NAME Mary E Stall

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT Miss Martha Sims

(Address) 1332 Longfellow St NW Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL Glenwood Cem Date June 28. 1934

19. UNDERTAKER Wm Buckner & Sons

(Address) North & Penna Ave

20. FILED ..... 19.. Registrar .....

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934 to June 26, 1934

I last saw her alive on June 26, 1934. Death is said to have occurred on the date stated above, at 10 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder (Cause)	1931
Secondary anemia	

Other contributory causes of importance:

Arteriosclerosis	?
Chronic myocarditis	1925
Diabetes Mellitus	?

Name of operation Suprapubic cystotomy Date of 4-24-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify .....

(Signed) Mark Hollander, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

✓ F 02640

02640 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No. 27-61

CITY OF BALTIMORE: (No. 47 E. York St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marie DeHardt

(a) Residence: No. 47 E. York St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George W. DeHardt

6. DATE OF BIRTH (month, day, year): Dec. 1866

7. AGE — Years: 67 | Months: 6 | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Wilhelm Schoen

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wilhemina Woltod

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Martha Baker 1701 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL — Place: Edwards Date: June 7 1934

19. UNDERTAKER (Address): Margaret E. Flynn 2107 N. Milton Ave.

JUN 8 1934, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1934 to June 24th, 1934

I last saw her alive on June 6th, 1934. Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	5/16/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M. D.

6/26/34 (Address) 1224 26 Hanover St

H. D. B 1268-9

02641

F 02641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Mason St. Masonville (Ward) 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 12 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myrtle Blockston.

(a) Residence: No. 1323 Cambria St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) February 12, 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Albert C. Blockston.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Alice Brightwell.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Alice Johnson. (mother)

(Address) 1323 Cambria St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill C. Co. Date June 27 34

19. UNDERTAKER Margaret E. Flynn

(Address) 1107 N. Howard St.

20. FILED ... Registrar.

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in Bathing.	
Other contributory causes of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto M. Steinhardt Coroner . M. D.

6/26/34 (Address) 1017 S. Charles St.

M. D. F. 1268-9

02642

F 02642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) South Baltimore Gen. Hospital (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah Frances Board

(a) Residence: No. 1601 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene H. Board

7. DATE OF BIRTH (month, day, year) Oct 13, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrison Co Indiana

13. NAME of Father Isaac L. Deatrick

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME of Mother Catherine Dewey

16. BIRTHPLACE (city or town) (State or country) Harrison Co Indiana

17. INFORMANT (Address) Eugene H. Board 1601 Jackson St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Cem Date June 28 1934

19. UNDERTAKER (Address) Richard Evans 38 E Fort Ave

20. FILED Huntington Williams, Reg.

JUN 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to June 26, 1934
I last saw her alive on June 20, 1934 Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric stenosis	?
Myocarditis	?
myocardial failure	4 hrs.

Other contributory causes of importance:

Chronic bronchitis	?

Name of operation Pylorogastrostomy - Gutierrez operation Date of 6-5-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) D. M. Currie M. D.

(Address) Lo. Balto. Gen. Hosp.

M. D. B. 1368-9

✓ F 02643

2643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clayton Brincat

(a) Residence: No. 1928 Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Brincat

6. DATE OF BIRTH (month, day, year) 4/5/88

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
46	2	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME D E C Brooge

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Alice Mc Gill

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Wife 722 Milton Ave,

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 28 1934

19. UNDERTAKER (Address) Albert W. Gregory 440 E. North Ave

6 26 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/21 1934 to 6/25 1934

I last saw him alive on 6/25 1934 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, abdominal organs	2
Other contributory causes of importance: Hemorrhage, cerebral, left	1916.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 02644

F 02644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20 E. St.. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allenbusch, Albert (or Erlenbusch)

(a) Residence: No. 2615 Dulaney St St.. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Emma Allenbusch

6. DATE OF BIRTH (month, day, year) May 3. 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Erlenbusch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Schoenlaber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John L. Kemp (Address) 332 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date June 27. 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. L. Sander.

(Address) Baltimore St. & Broadway.

JUN 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21 1934 to June 25 1934

I last saw h alive on June 25 1934. Death is said to have occurred on the date stated above, at 4.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	6-21-34
Other contributory causes of importance: Broncho pneumonia	6-25-34

Name of operation Gastroenterostomy Date of 6-21-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston L. Kemp M. D.

(Address) University Hospital

M. D. F. 1958-9

F 02645

F 02645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 29 yrs. mos. ds.

2. FULL NAME Dominick Kaluska

(a) Residence: No. 712. W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): no 1876

8. AGE: Years 58 | Months - | Days - | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME John Kaluska

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Eva Ignatavich

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT (Address) Joseph Kaluska, Son 712. W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 27 1934

19. UNDERTAKER (Address) John Szeblinchas 423. S. Paca St.

20. FILED Huntington Williams, N.P. 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to June 25, 1934

I last saw h/ alive on June 25, 1934. Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	1933
Other contributory causes of importance:	
Bronchopneumonia	6/11/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lamston L. Rose M.D.

(Address) University Hospital

H. D. B 1268-4

02646 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02646

CERTIFICATE OF DEATH

173 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Tubman

(a) Residence: No. 316 Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) [illegible] 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commander

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Wm Tubman

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Priscilla Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Walter Tubman

(Address) 15 20 Mo Elderry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 6-27 1934

19. UNDERTAKER Byrd & Tramiel Jr. Knight

(Address) 1218 McElderry St

20. FILED [illegible] 1934 Funeral for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on Sunday, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Abdomen	
Lacerating Intestines & R Iliac Vessels	
Homicide	4 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 24 Date of injury June, 1934

Where did injury occur? 316 Forrest (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Gun Shot Wounds

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Faulconer M. D. Coroner

(Address) 1006 E Chase St

1-30—M & F-10 F 02647

F 02647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: Dead on Arrival

CITY OF BALTIMORE: (No.) St. Josephs Hosp. (ST.) 9-01 (WARD)

2-FULL NAME: Sarah M. Baker

(a) RESIDENCE NO. 1407 Asquith St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 23/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	0	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary A. Allard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs. Mary A. Baker

(Address): 1407 Asquith St.

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/34 10 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquory (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken Neck - Cordxinjury
(Fell down stairs from 2nd to 1st floor. Accidental)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John O'Connor, M. D. Coroner

6/27/34 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: June 29/34

ADDRESS: 2016 Orleans St.

20 UNDERTAKER: Philip Herwig Sons

F 02648

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02648

CERTIFICATE OF DEATH

121

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE (No.) St. 21 Ward

2 FULL NAME Edwin L. Baumann

(a) RESIDENCE NO. 1214 Harlington Blvd WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 17 1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Straw. Hat
(b) General nature of industry, business, or establishment in which employed (or employer) Worker 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John F. Baumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Astorka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Miss Julia Baumann 1214 Hartlington Blvd.

15 Filed [illegible] Registrar

JUN 27 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-34

17
I HEREBY CERTIFY, That I attended deceased from 6-25, 1934, to 6-26, 1934

That I last saw ~~him~~ alive on 6-26, 1934

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured at pendix 26
facts verified Joseph L. Valentine Coroner
June 26 34
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-25-34

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Samuel Feiber M. D.

, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. Cem.

DATE OF BURIAL 6-28-1934

20 UNDERTAKER Bernard C Hahn

ADDRESS 1000 S Paca St

M. D. B. 1268

F 02649 ✓ F 02649

28687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Hay

(a) Residence: No. Ossining St., ... Ward. New York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 9-9-1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

13. NAME Frederick Hay

14. BIRTHPLACE (city or town) (State or country) S. Car

15. MAIDEN NAME Adeline Wyman

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Loudon Park Date June 27, 1934

19. UNDERTAKER Henry W. Kenny & Co
(Address) Baltimore, Maryland

FILED 1934 Jacob L. Wilmot Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934 to June 25, 1934
I last saw him alive on June 25, 1934. Death is said to have occurred on the date stated above, at 8:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, Shock (Surgical) following Transurethral resection of prostate, for benign hypertrophy of the prostate	6/25/34

Other contributory causes of importance:

Name of operation Transurethral resection of prostate, followed by suprapubic prostatectomy. Date of 6/18/34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh J. Jewett, M. D.

(Address) Johns Hopkins Hospital

F 02650

F 02650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 N. Carrollton St., 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jas E Ford

(a) Residence: No. 509 N. Carrollton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 20 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Jas Leigh

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Henrietta Ford

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Carrie Ford
(Address) 509 N. Carrollton

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 6/28/ 1934

UNDERTAKER Frances A. Hemsley
(Address) 756 W. Biddle St.

FILED JUN 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jun 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	4 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. C. Funk M. D
Coroner

(Address)

N 27 1934

D. B. 1268-9

F 02651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02651

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1536 Argyle St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Duffina

(a) Residence: No. 1536 Argyle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Geo Duffina

6. DATE OF BIRTH (month, day, year): June 3-1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of Father: Chas Roberts

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME of Mother: Nancy James

16. BIRTHPLACE (city or town) (State or country): Prince George Co Md

INFORMANT: Jessie Gant

(Address): 1503 Woodbourne

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: June 28 1934

UNDERTAKER: Sam'l H Glaser Son

(Address): 608 N Eutaw

Filed ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ... and ... is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Blank M. D.
Coroner

(Address) [illegible]

M. D. B. 1268-0

F 02652

2652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Eaton St. 76-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Paolo Santoni

(a) Residence: No. 119 S. Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alessandra Lopresti

6. DATE OF BIRTH (month, day, year) Aug 25 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Paolo Santoni

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Virginia Frellocchio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Alessandra Santoni

(Address) 119 S. Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 28 1934

19. UNDERTAKER Frank V. Lipsitone

(Address) 281 E. Baltimore St

20. FILED JUN 27 1934 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1933 to June 25, 1934

I last saw him alive on June 25, 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1, 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene L. Passarino M. D.

(Address) 514 Drury Lane

Spec.—9-30—A. & Co.—250 Blks

02653 HEALTH DEPARTMENT—CITY OF BALTIMORE 02653

CERTIFICATE OF DEATH.

161-004

1 PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home and Infirmary) (WARD) 6 01

2 FULL NAME Baby Girl Schwartz

(a) RESIDENCE NO. 904 C. St., Sparrows Point ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7hrs 25 mins mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): newborn

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: newborn

6 DATE OF BIRTH (month, day, and year): June 25, 1934

7 AGE: Years: Newborn — Months: — Days: — If LESS than 1 day, 7 hrs. 25 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Harry W. Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Irene Tennyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mr. Harry W. Schwartz Sparrows Point

15 JUN 27 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26, 1934

17 I HEREBY CERTIFY, That I attended deceased from 7:40 P.M June 25, 1934, to 3:05 A.M Jun 26 1934, that I last saw her alive on June 26, 1934, and that death occurred, on the date stated above, at 3:05 A.M.

The CAUSE OF DEATH* was as follows:

Uterine asphyxia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jerald H. Jordan M. D.

19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: 6/28 1934

20 UNDERTAKER: Henry C. Meeks & Son — ADDRESS: 508 E. Eager

Spec—9 30—A. & Co—250 Blks

F 02654

02654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 149-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary 6-21 WARD)

2 FULL NAME Mrs. Irene Schwarz

(a) RESIDENCE NO. 904 C St., Sparrow Pt., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 37 yrs. 5 mos 25 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Harry W. Schwarz

6 DATE OF BIRTH (month, day, and year): Jan. 1 1897

7 AGE: 37 Years 5 Months 25 Days

If LESS than 1 day, hrs. or min. 24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John Jennyson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Barbara Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) Mr. Harry W. Schwarz 904 C. St. Sparrow Pt.

15 ..... 19 Huntingtown, Md. Registrar

JUN 27 1934

MEDICAL CERTIFICATE OF DEATH 0

16 DATE OF DEATH (month, day, and year): June 25, 1934

17

I HEREBY CERTIFY, That I attended deceased from 7 A.M. June 25 1934 to 7:45 P.M. June 25 1934

that I last saw her alive on June 25 1934

and that death occurred, on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Childbirth - normal pregnancy Multipara at term.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) Lenard H. Jordan M. D.

19 (Address) Church Home - Bal.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Gardens Memorial Cemetery

DATE OF BURIAL: 6/28 1934

UNDERTAKER: Hardy W. Mears and Son

ADDRESS: 806 N. Calvert

M. D. R. 1268-9

02655

F 02655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2047 Wheeler ave 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Hanter

(a) Residence: No. 2047 Wheeler ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Rachel

6. DATE OF BIRTH (month, day, year): 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Abraham

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Gettel

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Joseph Hanter
(Address) Washington D C.

18. BURIAL, CREMATION, OR REMOVAL: Interment Herring Run Date June 27 1934

19. UNDERTAKER: Sol Kleinman Bro
(Address) 1127 E Baltimore

JUN 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17 1934 to June 26 1934

I last saw h alive on June 26 1934 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. Chamlin M. D.

(Address) 2126 N. Caroline St.

H. D. P. 1268-9

F 02656

F 02656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 21-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Smithcum

(a) Residence: No. 1130 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Smithcum

7. DATE OF BIRTH (month, day, year) Sept 6, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ Retired 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Smithcum

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Martha Slag

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 28, 1934

19. UNDERTAKER Mrs. John W. Gentel & Son
(Address) 845 N. Fayette St

JUN 27 1934

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1934 to June 26, 1934
I last saw him alive on June 26, 1934. Death is said to have occurred on the date stated above, at 1:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 year?
Other contributory causes of importance: Diabetes Mellitus	5 yrs?

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Burns M. D.
(Address) Mercy Hospital

M. D. B. 1268-9

F 02657

02657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

27-01

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Remmer Van Straten

(a) Residence: No. 5452 Narcissus Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 16,th 1933

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5	11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Remmer Edward Van Straten

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

15. MAIDEN NAME Effie H. Woodland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Effie Woodland
(Address) 5452 Narcissus Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 34

19. UNDERTAKER Wm J. Tackner & Son
(Address) North & Penna aves

Filed JUN 7 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 6/26/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/25/34 . 19 . to 6/26/34 . 19 .

I last saw him alive on 6/26/34 . 19 . Death is said to have occurred on the date stated above, at 11.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Howard Stackhouse Jr . M. D.
(Address) University Hosp.

H. D. P. 1268-9

F 02658

02658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Ward) 7-01 (If death occurred in hospital or institution, give its NAME instead of street and number.)

(Length) of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Pfaff.

(a) Residence: No. 825 N. Luzerne St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married.

6. If married, widowed, or divorced: WIFE of Frank Pfaff.

7. DATE OF BIRTH (month, day, year): 6/13/87.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 027

12. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Husband
(Address) See above.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 28 1934

19. UNDERTAKER: William G. Schaffer
(Address) 1616 E. Monument St

71934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/18 1934 to 6/24 1934

I last saw h.er alive on 6/24 1934 Death is said to have occurred on the date stated above, at 2.25 p m

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 6/18/34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

F 02659

02659 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alphea Carter

(a) Residence: No. 3226 Viona Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Susa Carter.

7. DATE OF BIRTH: Sept 7th 1874. (1873)

8. AGE: Years 60; Months 9; Days 18; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 037

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country): Fort? Clark Texas

13. NAME: Wm H. ? Deal

14. BIRTHPLACE (city or town) (State or country): Osgood ? Ind

15. MAIDEN NAME: Emma ? Walsh

16. BIRTHPLACE (city or town) (State or country): Carlisle ? Pa

17. INFORMANT (Address): Husband See above.

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date June 28 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/22 1934 to 6/25 1934

I last saw h[illegible] alive on 6/25 1934 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage, left

Bronchopneumonia

Date of onset: 6/21/34 6/23/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 02660

To B 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

02660

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Cole Spring Ln St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudy Wappdecker

(a) Residence: No. 3811 Cole Spring Ln Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boarding House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Md

13. NAME Jonah J. Kelly.

14. BIRTHPLACE (city or town) (State or country) Preston Md

15. MAIDEN NAME ~~Mattie Hingson~~ WALTINE WRIGHTSON

16. BIRTHPLACE (city or town) (State or country) Goodlite Co

17. INFORMANT Wm J. Kelly.

(Address) 2850 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 27 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....

I last saw h... alive on June 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Sudden — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Funk Coroner, M. D.

(Address) .....

6 6 H

27 1934

D. P. 1268-9

F 02661

2661

HEALTH DEPARTMENT—CITY OF BALTIMORE

287081

CERTIFICATE OF DEATH

1,149-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Dragunas

(a) Residence: No. 4408 Valley View ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year) 8-1-14

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Julian Crekies

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rose Kaliatkowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary cem Date June 31 1934

19. UNDERTAKER John M Weber (Address) 1401 E Chase St. Baltimore, Md

Registrar.

JUL 7 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to June 26, 1934

last saw her alive on June 26, 1934 Death is said to have occurred on the date stated above, at 12 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a acute pulmonary oedema	6/24/34
acute cardiac dilatation	6/24/34

Other contributory causes of importance:

full term spontaneous delivery	6/23/34

Name of operation low cervical Cesarean Date of 6/24/34

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harrell L. Stone, M. D.

(Address) [illegible]

N. D. B. 1268-9

02662 F 02662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE. (No. St., 12-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Wheeler

(a) Residence: No. Baltimore Apartment Hotel, 2905 N. Charles St., Baltimore, Md.
(Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca Fisher Wheeler

6. DATE OF BIRTH (month, day, year) August 7, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Coast Guard

10. Date deceased last worked at this occupation (month and year) September, 1932

11. Total time (years) spent in this occupation Over 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Wythe County Virginia

13. NAME Samuel Wheeler

14. BIRTHPLACE (city or town) (State or country) Wythe Co. Virginia

15. MAIDEN NAME Mary Baker

16. BIRTHPLACE (city or town) (State or country) Wythe Co. Virginia

17. INFORMANT (Address) Records, U.S. Marine Hospital, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Arlington National Arlington, Va. Date 6/28 1934

19. UNDERTAKER (Address) Harry H. Mitchell 4101 E. Monument Ave. Baltimore, Md.

DATE 1934 Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934 to June 25, 1934

I last saw him alive on June 25, 1934 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomadeno of left anterior cervical glands	unknown
Other contributory causes of importance: Pneumonia, hypostatic	6-24-34
Abscess, left cervical region	6-1-34

Name of operation: Aspiration of abscess Date of: 6-13-34

What test confirmed diagnosis: Physical exam. & lab. Was there an autopsy? No. 6-22-34

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) U.S. Marine Hospital, Balto. Md.

H. D. B. 1268-9

F 02663

02663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-01 Ward)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Whitney

(a) Residence: No. 1006 Dukeland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella C. Whitney.

DATE OF BIRTH (month, day, year) May 15-1885

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	1	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

13. NAME Richard H. Whitney.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Katie Hebner.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ella C. Whitney.
(Address) 1006 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date June-28-34

19. UNDERTAKER Charles J. Schwalb.
(Address) 505 N. Monroe St.
Arlington Williams, Md.

FILED
27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1934, to 6/25, 1934

I last saw h alive on 6/25, 1934 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Generalized Goitre	
Hyperinfection	6/23/34
Pulmonary Edema	6/24/34
~~Pneumonia~~	
Other contributory causes of importance:	
Thyroid crisis	6/24/34

Name of operation Subtotal Thyroidectomy Date of 6-23-34

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Laurence L. Lowe, M. D.

(Address) University Hospital

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02664

02664

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH 5906 Bertram ave

CITY OF BALTIMORE: (No. Hamilton, Balto Md St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ryan

(a) Residence: No. 5906 Bertram ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Sept 7/1850

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 73	3 9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Michael Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT John Ryan

(Address) 5906 Bertram Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/28 1934

19. UNDERTAKER Wm F Baetz

(Address) 1536 Poplar Grove St

Filed 6 27 1934 Wm. M. Swaim, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1934 to June 25th 1934

Last saw alive on June 20 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Arteriosclerosis & myocarditis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Claud Bennett M. D.

6/26/34 (Address) 7 Woodbourne Road

H. D. P. 1208-9

E 02665

02665 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mc Nealy.

(a) Residence: No. Balto City Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (last) WIFE of —

DATE OF BIRTH (month, day, year) 4/3/1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila, Pa.

13. NAME John Mc Nealy Sr.

14. BIRTHPLACE (city or town) (State or country) Phila, Pa.

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Phila, Pa.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Date 7/27/34

19. UNDERTAKER J. J. Fahey Dy

(Address) 1318 Light St

Huntington Williams NJ

Registrar

27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/25, 1933 to 6/24, 1934

I last saw him alive on 6/24, 1934 Death is said to have occurred on the date stated above, at 2 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Senility	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

H. D. B. 1268-9

02666

F 02666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 93-003

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5068 Reisterstown Road St. 28-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Wailes Birckhead

(a) Residence: No. 5068 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of R. Samuel Birckhead

DATE OF BIRTH (month, day, year) Nov 28 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	29 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME John P. Wailes

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Mary H. Beckett

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mary Susand Birckhead

(Address) 5068 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date June 28. 1934

19. UNDERTAKER Percy V. Moorehead Son

(Address) 4204 Ridgewood Ave.

7 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1925 to June, 1934

I last saw h[illegible] alive on June 10, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B Wolf M. D.

(Address) 113 W. Franklin St

M. D. B. 1268-9

F 02667

02667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Jefferson St., 7-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Geo Strecker

(a) Residence: No. 2404 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 31st 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation -0m

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Mr. Strecker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT George Strecker
(Address) 2404 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place W. Laurel Date June 28, 1934

19. UNDERTAKER H. A. & E. Miller & Son
(Address) 2330 E. Baltimore St.

20. FILED 6-27-1934 Arlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933, to June 25, 1934.

I last saw h[illegible] alive on June 23rd, 1934. Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Arteriosclerosis	
Nephritis	

Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) G. Flies M. D.

(Address) 24 S. Bond

M. D. P. 1268-9

F 02668

02668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 Fleet Street St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaus Beres

(a) Residence: No. 2526 Fleet Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Anna Beres (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 8 1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Stanislaus Beres

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address) 2526 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date June 29, 1934

19. UNDERTAKER John J. Weber

(Address) 401 S. Chester St

[illegible] 1934 Huntington Williams Bros

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934 to June 26, 1934

I last saw him alive on June 25, 1934 Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Chronic Arthritis,	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Hawkwood, M. D.

(Address) 2579 Eastern Ave.

F 02669

F 02669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 50

1. PLACE OF DEATH St agnes Hospital

CITY OF BALTIMORE: (No. Wilkens ave, St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sadie Stanley

(a) Residence: No. Gaithersburg Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Ray Stanley

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Mrs Sadie Stanley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ruby D Stanley

(Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place Duncan Md Date Jun 30, 1934

19. UNDERTAKER Roy W Barber

(Address) Gaithersburg Md

FEB 28 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934, to June 27, 1934

I last saw h er alive on June 27, 1934 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sirrhus carcinoma of right breast with generalized metastasis	Nov. 1932
Pulmonary edema	6-27-34

Other contributory causes of importance:

Name of operation Radical Breast Operation Date of Feb. 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Carl G Nelson M. D.

(Address) St Bowie Md

D. B 1268-9

02670 F 02670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 17-21 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Nelson

(a) Residence: No. 574 Bruce St St.; ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1913

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records City Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/28 19 34

UNDERTAKER Samuel Cadens
(Address) 916 Penna ave

[illegible] 28193[illegible] [illegible] for [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Peterson M. D. Coroner

(Address) 130 N Bethesda Pl

D. [illegible] F 02671

✓ F 02671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo. Balto. Genl. St., 2[illegible]-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Evans

(a) Residence: No. 306 E Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	white	Married

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Rebecca Evans

DATE OF BIRTH (month, day, year) June 12 1705

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

13. NAME [illegible] Evans

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME Mary E Figgs

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Mrs Rebecca Evans
(Address) 306 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date June 29 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St

Funeral Director

FILED JUN 28 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to June 26, 1934

I last saw h[illegible] alive on June 26, 1934 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lesion of pelvis	3
Intestinal Obstruction	3
2 cellulitis of abdominal wall	4, 22, 34
3 peritonitis	4, 25, 34

Other contributory causes of importance:

Lesion of pelvis, 6/19/34

Name of operation Exploratory Date of 6/25/34

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 02672

D. B. 1768-9

F 02672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital Wilkens + Cathan Ave St., 11-21 Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L Ryan

(a) Residence: No. 703 St Paul St., Ward. Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Grace Ryan

DATE OF BIRTH (month, day, year) Mar 25th 1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotype Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Sun

10. Date deceased last worked at this occupation (month, day, year) April 1934

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

13. NAME Lawrence J. Ryan

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Elizabeth Gore

16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

17. INFORMANT Walter B. Cooke

(Address) 117 W. 72nd St New York City

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery New York Date June 28, 1934

19. UNDERTAKER Merriam Cook

(Address) 1217 St Paul St

JUN 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to June 27, 1934

I last saw him alive on June 27, 1934 Death is said to have occurred on the date stated above, at 5:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	4/23/34
Generalized Peritonitis	4/27/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl G. Decker M. D.

(Address) 1217 St Paul St

F 02673

F 02673

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 N. Milton Ave 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude L. Brent

(a) Residence: No. 1618 N. Milton Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of John M. Brent

DATE OF BIRTH (month, day, year) Sept. 2nd 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Michael Bohn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Dorothea Martin

(Address) 1618 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 29 19 34

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

JUN 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to June 26 1934

I last saw h alive on July 26 1934 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	Thrombosis 1931
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. E. Peck M. D.

(Address) 1118 W. Saratoga St

F 02674

F 02674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. 9-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Norman Holmes

(a) Residence: No. 1207 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/3/34 ~~6/26/37~~

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	54	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dougherty Holmes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Bacon

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Dougherty Holmes

(Address) 1207 W Lombard

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 6/28/34

UNDERTAKER George W. Tapley & Sons

(Address) Baltimore

28 1934 Registered.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/14. 1934 to 6/26 1934

I last saw him alive on 6/26 1934 Death is said to have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Pyloric Stenosis	
Other contributory causes of importance:	

Name of operation —— Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alpha H. Linthicum M. D.

(Address) Bon Secours Hosp.

D. P. 1206

F 02675

F 02675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Central Ave St., 10-01 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME John Thillmann

(a) Residence: No. 1221 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed or divorced
HUSBAND of (or WIFE of) the late Katherine Thillmann

DATE OF BIRTH (month, day, year) November 28 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John Thillmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Rosenberger

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Mr Bernard Baissler

(Address) 1221 N. Central Ave

BURIAL, CREMATION, OR REMOVAL

Place David Ridgely Date June 30 1934

UNDERTAKER Hardy Hoen & Sons Inc

(Address) 1301 E. Eager St

8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to June 26 1934

I last saw h[illegible] alive on June 26 1934 Death is said to have occurred on the date stated above, at 11.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infection of throat (Streptococcus?)	
Other contributory causes of importance: Toxemia.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm D Schmit M. D.

(Address) 701 N. Eutaw Ave.

F 02676

F 02676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 8 th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wagner

(a) Residence: No. 1423 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced (HUSBAND of) (or WIFE of) Nellie Wagner

DATE OF BIRTH (month, day, year) June 13, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 130

10. Date deceased last worked at this occupation (month and year) June 193[illegible] 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Wayne Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore and

15. MAIDEN NAME Adelia Wells

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Charles Wagner
(Address) 1423 N. Broadway

BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date June 28, 193[illegible]

UNDERTAKER Fred. J. Kelbaugh Sons
(Address) 1223 W. Hamburg St.

FILED [illegible]

67 NO [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1934, to June 25, 1934

I last saw h[illegible] alive on June 25, 1934 Death is said to have occurred on the date stated above, at 8 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis abscess.	June 18
Chronic Myocarditis	?
Other contributory causes of importance:	
acute Cardiac Dilation	June 25

Name of operation Drainage of appendicitis abscess Date of 6-21-34

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Krauss, M. D.

(Address) Fred. Lintz Jr.

F 02677

F 02677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St. 16-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Ellis.

(a) Residence: No. 604 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maude Ellis (Separated)

DATE OF BIRTH (month, day, year) 3/18/1898.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36.	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama.

13. NAME Robert Ellis.
14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Alberta Byrns.
16. BIRTHPLACE (city or town) (State or country) Alabama.

17. INFORMANT Jeanette Byrd (sister)
(Address) above address.

18. BURIAL, CREMATION, OR REMOVAL
Place Dist. Dept. Date June 29 19 34

19. UNDERTAKER Geo. Phus Holland
(Address) 1622 Druid Hill Ave

20. FILED 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/2 1934 to 6/27 1934
I last saw him alive on 6/27 1934 Death is said to have occurred on the date stated above, at 4 05 p. m.

The principal cause of death and related causes of importance were as follows:
Syphilitic myocarditis. Date of onset 1930.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto. City Hosp.

M. D. F 12678 F 02678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 W. Preston St. 11-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Stockton Gaither

(a) Residence: No. 227 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Gaither

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ft D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME John W. Williams

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Augusta R. Howell

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT P. B. Coulter
(Address) 213 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 6/30/34. 19

19. UNDERTAKER John O. Mitchell & Sons,
(Address) 1900 Eutaw Place

20 1934 Huntington Mitchell ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/27 . 1934, to 6/26 . 1934
I last saw h[illegible] alive on 6/26 . 1934 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	8 mos

Other contributory causes of importance:

Name of operation #3 Exploration Date of 4/3/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Inc. — If so, specify

(Signed) Hubert M. D.

(Address) 1403 Park

F 02679

D. R. 1268-9

2679 18659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 15-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mark Raksin

(a) Residence: No. 2221 Garrison Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bella

DATE OF BIRTH (month, day, year) July 19 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Raksin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rosa Raksin

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Date 6/28, 19

Hebrew Rodeph Sholom Cem

UNDERTAKER Jos. Lewis Son

(Address) 1432 E. Baltimore St

Huntington Williams, Jr.

JUN 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-18-1934 to 6-27-1934

I last saw him alive on 6-27-1934 Death is said to have occurred on the date stated above, at 9:35 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma rectum inoperable — 6 months

Other contributory causes of importance:

Name of operation colostomy Date of 6-22-34

What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W. Geib, M. D.

(Address) The Johns Hopkins Hospital

D. B. 1268-9

✓ F 02680

02680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 Laurens St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara E. Elston

(a) Residence: No. 2648 Laurens St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Elston

DATE OF BIRTH (month, day, year) May 6 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	17	18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Louis Thompson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Louis Thompson

(Address) 2649 Laurens

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 29 1934

UNDERTAKER John Allnutt

(Address) 1600 Pennsylvania Ave

FILED June 28 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to June 25 1934

I last saw her alive on June 25 1934 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas infection	6-21-

Other contributory causes of importance: Cancer of breast.

Name of operation Resection of breast Date of May 3-

What test confirmed diagnosis? Lab. exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Hrso Beasley, M. D.

(Address) 67 W Preston

D. B. 1268-9

F 02681

02681 HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Frederick Plumhoff

(a) Residence: No. 4101 Northern Pkwy. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary E. Plumhoff

7. DATE OF BIRTH (month, day, year) June 27, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shirt Waist Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 34

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry J. Plumhoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Ortman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Plumhoff

(Address) 4101 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Cemetery Date June 30 1934

19. UNDERTAKER Frederick Grossmann Sons

(Address) 7401 Belair Road

20. FILED JUN 28 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/2/34, 19 , to 6/27/34, 19 .

I last saw him alive on 6/27/34, 19 . Death is said to have occurred on the date stated above, at 9 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 6/15/34

Pyuria and pyonephrosis

Other contributory causes of importance:

Malignant papilloma Carcinoma Bladder ?

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. How long since

(Signed) [signature] M. D.

(Address) Md. Gen. Hospital

D. H. 1268-9

F 02682

02682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 Amity St. 21-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Moses Holmes

(a) Residence: No. 228 Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ora Holmes

DATE OF BIRTH (month, day, year) 6-15-1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper tubing

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Lexington Kentucky

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Ora Holmes

(Address) 228 Amity St

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date 6/30/34

UNDERTAKER Bernard O'Brien

(Address) 518 Dumas Ave

6/3 1934 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/1934

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1934 to 6-27-, 1934

I last saw h. alive on 6-27-, 1934. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	1 year
Other contributory causes of importance: arterio-sclerosis	6 mos.

Name of operation none Date of

What test confirmed diagnosis? physical signs & X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John G. & T. Campbell M. D.

(Address) 111 G. N. Carrollton Ave

F. D. B. 1268-9

02683

F 02683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., [illegible] Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lloyd Ashley.

(a) Residence: No. 646 Jasper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of Marie Ashley
(or) WIFE of

DATE OF BIRTH (month, day, year) ? 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Hickman

14. BIRTHPLACE (city or town) (State or country) Hickman Co. Ky.

15. MAIDEN NAME Carter

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Marie Ashley

(Address) 506 S. Grand Ave

18. BURIAL, CREMATION, OR REMOVAL National Cem. 6/28 1934

19. UNDERTAKER Bergan & Kennedy

(Address) 818 Dolphin St

DATE RECEIVED JUN 28 1934 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/20 1934 to 6/25 1934

I last saw him alive on 6/25 1934 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	?
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Peete M. D.

(Address) Balto. City Hosp.

D. B. 1265-9

F 02684

F 02684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 14-01)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Doris E. Thomas

(a) Residence: No. 1512 Penna Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 12-31

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3		14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Zia Thomas

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nellie Galloway

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs. Thomas

(Address) 1512 Penna Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/28/34 19

UNDERTAKER Mrs Geo H Holland

(Address) 1621 Pennsylvania Ave.

19 ..... Registrar.

28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Pneumo cocci meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) Eugene Zeller M. D.
Coroner

(Address) 2729 Eastern Ave

F 02685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02685

82-001

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Av, St., 12-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Ella Burke

(a) Residence: No. Baltimore Md., 2801 N Charles St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) January 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Owen Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Johanna Brannan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rev Robt J Dorsett
(Address) 2801 N Charles St

18. BURIAL, CREMATION, OR REMOVAL. Date June 29, 1934
Place St Patricks

19. UNDERTAKER Chas F Evans & Son
(Address) 1118 Eutaw Place

FILED 19 Registrar

JUN 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1934 to 6/26, 1934

I last saw h. alive on 6/26, 1934 Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto L. Strayhan M. D.

(Address) St Agnes Hospital

D. F. 1268-9

F 02686

02686 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V139-003

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL 4-01

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Rock

(a) Residence: No. 2135 Kirk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Rock

DATE OF BIRTH (month, day, year) Aug. 10, 1888.

AGE	Years	Months	Days	If LESS than 1 day, hours or minutes
	45	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Henry Perry

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mr. William Rock

(Address) 2135 Kirk Avenue

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date June 29, 1934

UNDERTAKER George J. Kuhl Sons

(Address) 1735 Eutaw Place

Filed JUL 3 1934 Huntington Phillips, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934 to June 26, 1934

I last saw h[illegible] alive on June 26, 1934 Death is said to have occurred on the date stated above, at 4 40 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic endocervicitis - hyperplasia endometrium.	
2. Relaxation of pessary-cystocele & rectocele	

Other contributory causes of importance:

1. Past - Laceration perineum and cervix. Leucorrhea

2.

Name of operation Vaginal hysterectomy perineal repair Date of 6-18-34

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so

(Signed) Thos. Magenheller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D. B 1268-9

F 02687

HEALTH DEPARTMENT—CITY OF BALTIMORE

02687

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1197 N. Schroeder St. 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Julia F. Knox

(a) Residence: No. 1197 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Feb 13 - 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME OF FATHER: Elmer Chesley

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Virginia Knox

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Virginia Knox

(Address): 1197 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Zion Date: June 29, 1934

19. UNDERTAKER: Mrs Katie R. Williams

(Address): 322 N. Schroeder St.

20. DATE FILED: JUN 29 1934 Arlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-27-1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	5/26/34

Other contributory causes of importance:

Broncho-pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Eugene Feller, M. D.
Coroner

(Address) 2739 Eastern Ave

F. D. B. 1238-9

F 02688

2688 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward L. Howard

(a) Residence: No. 298 Huntington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 2, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME James C. Howard

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Ada Lazo

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mother

(Address) 298 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mayo Memorial Date June 30, 1934

19. UNDERTAKER Hampden Hall

(Address) 3611 Chestnut Ave

Date 1934 Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934, to June 28, 1934

I last saw alive on June 28, 1934. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 6/8/34

Empyema — 6/25/34

Other contributory causes of importance:

Secondy Anemia — ?

Name of operation None — Date of ...

What test confirmed diagnosis Streptococcus & X-Ray — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Harry Lazow, M. D.

(Address) Sydenham Hospital

D. B. 1934

02689

F 02689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 W Lanvale St., 16-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Henderson

(a) Residence: No. 1416 W Lanvale St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Willie Henderson

6. DATE OF BIRTH (month, day, year): Sept 16-1907

7. AGE: Years 27 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME OF FATHER: Chas Simmons

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Minnie Gordon

(Address): 1416 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL: Franklin Va Date 6/28 34

19. UNDERTAKER: Bernard O Hawley

(Address): 618 Druid Hill Ave

20. FILED: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Mitral Regurgitation	

Other contributory causes of importance:

Name of operation: ..... Date of: .....

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I A Gluck Coroner M. D.

(Address) Coroner

D. P. 1269-9

F 02690

02690 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. St., 14-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Hill

(a) Residence: No. 1704 Madison ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 7, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Noah Hill

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Irene Jackson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records;
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 6/29 34

19. UNDERTAKER Francis A. Kemp Ley
(Address) 516 W. Biddle St.

20. FILED 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934 to June 26, 1934

I last saw her alive on June 26, 1934 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

F. D. B. 1268-9

F 02691

02691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. XV 93-003

1. PLACE OF DEATH Godfellowship Home for Colored Girls

CITY OF BALTIMORE: (No. 1512 Eden St. 15-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Turner

(a) Residence: No. Pikesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 yrs	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Thomas Turner

14. BIRTHPLACE (city or town) Phoenix Md
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Asst Nurse Pikesville
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Charles Date June 30th 1934

19. UNDERTAKER Wm B Perrigo & Son
(Address) Reisterstown Md

20. [illegible] Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to 6-28-34 19

I last saw him alive on 6-28-34 19 34 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Gangrene of left foot
Chron Myocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm R Boykin M. D.

(Address) 1512 N Eden St

D. P. 1268

F·02692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Mills

(a) Residence: No. Riddell — Dorchester County Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-1-1925

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	8	8	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel Mills Maryland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elsa Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date June 2 1934

19. UNDERTAKER Frank E. Albaugh
(Address) Cambridge Md

Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-26-1934 to 6-26-1934

I last saw him alive on 6-26-1934 Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	May 1934

Other contributory causes of importance:

Name of operation Cerebellar Approach Date of June 2

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 02693

02693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Parkwood Ave. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Hugel

(a) Residence: No. 4311 Parkwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lulu Buhl Hugel

7. DATE OF BIRTH (month, day, year) Nov 27th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Bath Houses

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Wm. Hugel

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Emma Eschrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mollie Silberzahn

(Address) 4311 Parkwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date. 6/29/1934

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

6 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to June 26, 1934

I last saw h[illegible] alive on June 26, 1934 Death is said to have occurred on the date stated above, at 10 1/2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	} Jan 1931
Chronic Pulmonary Emphysema	
Other contributory causes of importance:	
Cardio-vascular shock	5 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mae E. Finnegan M. D.

(Address) 700 E. Fayette St

H. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02694

2694

CERTIFICATE OF DEATH

X 149-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St., 4-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Louise Newman

(a) Residence: No. 24 Jones Ave Catonsville Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 10 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Chas Newman

14. BIRTHPLACE (city or town) (State or country) Montgomery Co.

15. MAIDEN NAME Laura Worthington

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Louise Newman

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel City Date 6-30. 1934

19. UNDERTAKER Undertaking Co

(Address) Laurel Md

Filed ... Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 6 24 1934 to 6 28 1934

I last saw her alive on 6 28 1934. Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism Left	6 13 "
	"
Other contributory causes of importance:	
Myocardial failure	6 13 34

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John L Campbell M. D.

(Address) Union Hospital

M. D. B. 1268-9

F 02695

F 02695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Grantley St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Infant of William R & Mildred M Creager

(a) Residence: No. 627 Grantley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.
		Full term		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME William R Creager

14. BIRTHPLACE (city or town) Hagerstown Md
(State or country)

15. MAIDEN NAME Mildred M White

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mr Wm R. Creager
(Address) 627 Grantley st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 29. 1934

19. UNDERTAKER John F Denny
(Address) 715 Lexington St

20. DATE 6-29 1934 19.... Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28. 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/27/34 to 6/28/34
I last saw him alive on 6/28/34 Death is said to have occurred on the date stated above at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	6/27/34

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. F. Denny M. D.

(Address) 715 Lexington St.

F 02696

F 02696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Shipley.

(a) Residence: No. 121 Sherwood Ave. St., Ward. Pikesville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Shipley.

7. DATE OF BIRTH (month, day, year) 1-12-1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Valiant Co

10. Date deceased last worked at this occupation (month, day, year) Aug 1930

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Henry Shipley

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

15. MAIDEN NAME Isabelle Hancock

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

INFORMANT Robt L. Shipley (Son.)
(Address) above address.

BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Date June 30th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED JUN 29 1934 Number from Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/1934

22. I HEREBY CERTIFY, That I attended deceased from 6/14/1934 to 6/28/1934

I last saw him alive on 6/28/1934. Death is said to have occurred on the date stated above, at 7 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	May '34
Auricular fibrillation	?
Gastro-enteritis	?
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reese, M. D.

(Address) Balto City Hosp.

F 02697

✓ F 02697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 East Biddle St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret F. Kerr

(a) Residence: No. 2528 East Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 12-1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dand Kerr

10. Date deceased last worked at this occupation (month, year) Dec 1933

11. Total time (years) spent in this occupation 8 Mth.

8. BIRTHPLACE (city or town) (State or country) Baltmor Md

13. NAME Clarence O. Kerr

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

15. MAIDEN NAME Fenton Stone

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

INFORMANT Henry A. Turner

(Address) 2528 East Biddle St

BURIAL, CREMATION, OR REMOVAL

Brookfield Hill Towson Date June 29 1934

UNDERTAKER Mclain Cook

(Address) 1217 ST Paul Street

FILED 1934 19 (Registrar)

29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1934 to June 27th 1934

I last saw h alive on June 26th 1934 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6/1934
Endocarditis	2.

Other contributory causes of importance:

Name of operation None Date of No

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Mongomery M. D.

(Address) 401 E 25th St

F 02698

02698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH Provident Hospital St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Belle Dorsey Fairpath

(a) Residence: No. 1-11 Brady Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Dorsey

DATE OF BIRTH (month, day, year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Florida

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Chas Dorsey

(Address) 1114 Brady Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 6/1 1934

19. UNDERTAKER Bernard E. Shipley

(Address) 818 Dmy Stes Cor

FILED JUN 29 1934 19 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to June 27, 1934.

I last saw h alive on June 27, 1934. Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	2 mos

Other contributory causes of importance:

Chronic Nephritis Acute Bronchitis

Name of operation Hysterectomy Date of 6/15/34

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Balthus Hayes M. D.

(Address) Provident Hospital

D. P. 1268-9

2699 F 02699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 N. Front St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Ida Chenn

(a) Residence: No. 1437 N. Front St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Reubin

7. DATE OF BIRTH (month, day, year): 1869

8. AGE: Years: 65 Months: Days: If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: Henry

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Esther

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Husband

(Address) 1437 N. Front St.

BURIAL, CREMATION, OR REMOVAL: Hebrew Cemetery Date 6/29/34

UNDERTAKER: Jack Levin Inc.

(Address) 1714 E. Baltimore St.

6/29 1934 Huntingtor Pittsburgh, Pa. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/28/34

22. I HEREBY CERTIFY, That I attended deceased from June 3rd 1934, to June 28. 1934

I last saw h alive on June 28. 1934 Death is said to have occurred on the date stated above, at 10:42 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 28
Other contributory causes of importance:	
Arterio-Sclerosis	Some
Diabetes	years

Name of operation: no Date of: —

What test confirmed diagnosis: Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. Rice M. D.

(Address) 24 S. Bway

02700

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02700

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15-22 n. Edmondson ST. 15-01 WARD)

2-FULL NAME Madeline Holt Saunders

(a) RESIDENCE NO. 15-22 n. Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William Saunders

DATE OF BIRTH (month, day, and year) 3-8-14

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
:	20	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Richard Holt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chas. Co., Md.

12 MAIDEN NAME OF MOTHER Estelle Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Albert Bailey

(Address) 15-22 n. Edmondson Ave

Received JUN 23 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-1934

17 I HEREBY CERTIFY, That I attended deceased from 12-15-1933, to 6-28-1934

that I last saw h alive on 6-28-1934 8 15 a. m.

and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* was as follows:

Pulmonary T. B.

History Personal Knowledge 7/6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George C. Page, M. D.

, 19 (Address) 1516 n. Mon[illegible] Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn June 30, [illegible] 1934

20 UNDERTAKER Thomas E. Nelson ADDRESS 1303 Pennsylvania Ave

F 02701

F 02701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2362 Washington Blvd. St. 25-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Smardon

(a) Residence: No. 2362 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George T. Smardon

7. DATE OF BIRTH (month, day, year) October 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME John Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Marshal

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. George S. Smardon
(Address) 7310 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 29 1934

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

9 1934 Huntington Fullerton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to June 26 1934

I last saw her alive on June 26 1934 Death is said to have occurred on the date stated above, at 9.50P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arthritis	2yr
Other contributory causes of importance:	
Myocardial degeneration	2 mos

Name of operation no Date of

What test confirmed diagnosis Physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Geo L. Kieffer M. D.

(Address) 2470 Washington Blvd.

F 02702

F 02702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 168

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Shaw.

(a) Residence: No. 6th & Dickens St. Phila. Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Single.

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Boston Mass.

13. NAME Richard Shaw.

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT —
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date June 29. 1934

UNDERTAKER [illegible]

Address [illegible]

FILED 29 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26. 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/8/34, 19 to 6/26. 1934

I last saw h[illegible] alive on 6/26 1934 Death is said to have occurred on the date stated above, at 5 45 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia. 6/15/34
Lacerations of neck. 6/5/34

Other contributory causes of importance:

Dr B P [illegible] Coroner

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 6/5. 1934

Where did injury occur? Balto, Md (?)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury Knife.

Nature of injury Superficial lacerations to neck

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

F 02703

F 02703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wilhelm
(a) Residence: No. Balto City Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8/24/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.
13. NAME Jakee Wilhelm
14. BIRTHPLACE (city or town) (State or country) York Pa.
15. MAIDEN NAME Margaret Boose.
16. BIRTHPLACE (city or town) (State or country) Mt. Washington Md.

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 29 1934

UNDERTAKER
(Address)

FILED JUN 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/20/ 1931 to 6/24 1934
I last saw him alive on 6/24 1934. Death is said to have occurred on the date stated above, at 3:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Arteriosclerosis	?
Amputation left leg (5 years ago)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert G. Reis, M. D.
(Address) Balto City Hosp

02704 T 02704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 978 Franklintown Rd. St. 16-01 Ward)

Length of residence in city or town where death occurred 37 yrs. 6 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Rose Brandt

(a) Residence: No. 978 Franklintown Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of William C Brandt

DATE OF BIRTH (month, day, year) Dec 14 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William McE Abmswicky

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anna Kay Joerner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William C Brandt

(Address) 978 Frankintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvert Cem Date June 30, 1934

19. UNDERTAKER A. Howard Evans

(Address) 356 Park Ave

Filed ... 19 ... Registrar.

6/1934 Hunter for Milleer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 22, 34 to June 28, 1934

I last saw her alive on June 28th, 1934. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3
Other contributory causes of importance:	

Name of operation none Date of --

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) Harry Kriel M. D.

6/29/34 (Address) 1224-1226 Hanover St.

H. D. B. 1268-9

705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02705

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 S. Lakewood Ave. 1st Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline Plate

(a) Residence: No. 726 S. Lakewood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6. If married, widowed, or divorced (or) WIFE of Alois Plate

DATE OF BIRTH (month, day, year) June-29-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	73	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

13. NAME James Plate

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

15. MAIDEN NAME Rosalie

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Alois Plate

(Address) 726 S. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lawn Cem. Date June 30, 1934

19. UNDERTAKER John S. Connelly Inc.

(Address) Essex

6/29 [redacted] 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to June 27, 1934

I last saw h.. alive on June 20, 1934. Death is said to have occurred on the date stated above, at 5-5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation No Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr. Martin, M. D.

(Address) 3015 Ellwood Ave

F 02706

02706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE CORRECTED 3-19-34

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1323 W. North Ave (St.) 14-24 (Ward) Di Paola

2-FULL NAME Maria Grazia (Di Paola) Di Paola

(a) RESIDENCE NO. 1323 West North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced (~~married~~) or) WIFE of: Vincent (Di Paola)

DATE OF BIRTH (month, day, and year): April 3, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business (or establishment in which employed (or employer): —

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Giuseppe Giordano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Claudia (Di Paola)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant: Dr. Frank R. (Di Paola)

(Address)

Filed 3-1934 Huntington Williamsport Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 1934

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to June 27, 1934

that I last saw her alive on June 27, 1934

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual symptoms

(Signed) Stanford McKelvey, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: June 31 1934

20 UNDERTAKER: Frank V. Pipitone

ADDRESS: 241 E. Balto St

F 02707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Lane Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rybenski 26-01 X

(a) Residence: No. 1000 S Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 7 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	One		21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME John Rybenski

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Agnes Dashewicz

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT John Rybenski
(Address) 1000 S Clinton St

BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Date 6/30 19 34

UNDERTAKER Edward Rudolph
(Address) 2211 Hudson St

Filed ... 19 ... Registrar.

S 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1934 to June 28th 1934 that I last saw h[illegible] alive on June 28th 1934 Death is said to have occurred on the date stated above, at 3 00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post pharyngeal abscess	5 30 34
Bilateral Mastoiditis	?
Streptococcus Septicemia	?
	over

Other contributory causes of importance:

Name of operation Bil. Mastoidectomy Date of 6/23/34

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If [illegible]

(Signed) Daniel E. Bogrod M. D.

(Address) Lyden Lane Hospital

M. D. B. 1268-0

F 02708

02708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 N. Fulton Ave St., 15-61 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Agnes Conkling

(a) Residence: No. 2023 N Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Daniel B. Conkling

DATE OF BIRTH (month, day, year) Nov. 13, 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Nicholas Swigler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Christina Kries

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Daniel B. Conkling

(Address) 2023 N Fulton Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 29, 1934

UNDERTAKER Martin, Fahey & Sons

(Address) 852 W. North Ave

9 1934 ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1934 to June 27, 1934

I last saw h~~e~~r alive on June 27, 1934. Death is said to have occurred on the date stated above, at 7.01 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus (non hemolysing) blood stream infection (Septicaemia)	June 1st

Other contributory causes of importance:

Chronic cholecystitis - 15 yrs.
Arteriosclerosis. Hypertension
Cardiac hypertrophy -

Name of operation Biopsy of cervix Date of

What test confirmed diagnosis? Blood cultures Was there an autopsy? NP

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NP If so, specify .....

(Signed) Harry D. McCarty M. D.

(Address) 37 W Preston St

H. D. B. 1268-9

F 02709

2709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Henry Callahan

(a) Residence: No. 509 East 29th Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Marie E. Callahan

7. DATE OF BIRTH (month, day, year) Sept 21 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Jenkins Memorial Hospital

(Address) 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 30 1934

19. UNDERTAKER John F. Dennis

(Address) 715 Light St

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to June 28, 1934

I last saw him alive on June 28, 1934 Death is said to have occurred on the date stated above, at 5.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Arteriosclerosis -	?
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) John C. Fowler M. D.

(Address) St. Agnes Hospital

D. B. 1268-9

F 02710

02710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Lannigan

(a) Residence No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 24, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Patrick F Lannigan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Foley.

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Records
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Hall Pk Date 6/30 34

UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

6/29 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1933 to June 28, 1934.
I last saw h[illegible] alive on June 28, 1934 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic alcoholism	?
Bronchopneumonia	10 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel M. D.

(Address) Balt. City Hosp.

H. D. B. 1268-9

F 02711

02711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Huntingdon Ave. Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret V. Reynolds.

(a) Residence: No. 2916 Huntingdon Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
female	white	Divorced.

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virgil M. Reynolds.

DATE OF BIRTH (month, day, year) Nov. 12 1856.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77.	7.	17.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year) (11). Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

13. NAME James Bulette

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Hannah Kepp.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Grace Miller
(Address) 2916 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ridgely Delta Pa. Date July 2, 1934

19. UNDERTAKER Walter Davis
(Address) 3518 Eastwood Ave

1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8 1934 to June 29 1934

I last saw h.e alive on June 29 1934. Death is said to have occurred on the date stated above, at 320 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1 day ago
& R. Coronary Thrombosis	
Other contributory causes of importance: Suspected fracture right neck.	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 8 1934

Where did injury occur? At home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell on tile floor.

Nature of injury Suspected fracture right neck

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Grace Greenwood M. D.

(Address) 4600 Reisterstown Rd

1-30 M. & T.—250 Bks.

2712 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02712

CERTIFICATE OF DEATH.

131 REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 207 Otterbein St. 21-01 (Ward)

2-FULL NAME Josephine Wilson

(a) RESIDENCE NO. 207 Otterbein St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of William Wilson

DATE OF BIRTH (month, day, and year) Sept 15, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md

10 NAME OF FATHER Jewel Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Margaret Wilson

(Address) 207 Otterbein

Filed June 29, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27-34

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to June 27, 1934

that I last saw h[illegible] alive on June 26, 1934

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal Vascular complications

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab.

(Signed) H. Marcus Williams M. D.

6-27 1934 (Address) 1530 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury (Ems.

DATE OF BURIAL June 29 1934

20 UNDERTAKER Byron Thomas & Keighley

ADDRESS 1515 McCulloh St

5 1934

M. D. B. 1268-9

F 02713 8
02713 HEALTH DEPARTMENT—CITY OF BALTIMORE 4 Fulton
√59

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 8215 Linwood ave 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse B. Marsden
(a) Residence: No. 8215 Linwood ave St., E. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Marsden

6b. DATE OF BIRTH (month, day, year) August 11 1856.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER James Marsden
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME OF MOTHER Mary Burns
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT William Marsden
(Address) 8215 Linwood

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date 6/30 1934

19. UNDERTAKER Edward J. Foulon
(Address) Wash Blvd

20. ... Registrar.

91934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from March 18 1934 to June 27 1934
I last saw him alive on June 27 1934. Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Diabetes	1933
b Gangrene of foot	3/15/34
c	
d	

Other contributory causes of importance: Aortic Heart Disease — Ch
Chronic Nephritis — Ch
Arterio Sclerosis — Ch

Name of operation ... Date of ...
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Mary Neill M. D.
(Address) 108 N Fulton Ave

...c.—1-16-29—L. F. S.—100 Blks.

02714 F 02714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-003

1—PLACE OF DEATH (REGISTERED NO.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE: (No. 2908 Huron ST. 25th WARD)

2—FULL NAME Sarah Gertrude Gustafson

(a) RESIDENCE NO. 2908 Huron ST. 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

...ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...male	White	Married.

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Gustav E. Gustafson

...ATE OF BIRTH (month, day, and year) Mar 1, 1886

...GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	27	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) H

(c) Name of employer Self.

...IRTHPLACE (city or town) (State or country) Ann Arundel Co Md.

...0 NAME OF FATHER Thos B. Wood

...1 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

...2 MAIDEN NAME OF MOTHER Rachael Tucker

...3 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs Gustav E Gustafson

(Address) 2908 Huron St

...E ... 1934 ... Registrar

91934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1934

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1934, to June 28, 1934,

that I last saw h[illegible] alive on June 27, 1934

and that death occurred, nn the date stated above, at 8:15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial decompensation (duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted? H
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) H Lawrence Gerlach M.D.

6/28, 1934 (Address) 2910 Holtes Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	6/30 1934
20 UNDERTAKER	ADDRESS
Edward Fowler	Wash Blvd

H. D. P. 1268-9

E 02715

HEALTH DEPARTMENT—CITY OF BALTIMORE

2715

CERTIFICATE OF DEATH

71-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 2-04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Dougherty

(a) Residence: No. 2 L. S. of the Poor 1200 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. SINGLE, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Dougherty

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dom

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Nicholas Loughran

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah O'Dougherty

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislaus Supt.

(Address) Little Sisters of the Poor 1300 Valley St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 30 1934

UNDERTAKER Rita Widdefield

(Address) 914 Brunswick Ave

1934 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 28 June, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1933 to June 28, 1934

I last saw her alive on June 20, 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	?

Other contributory causes of importance:

Asthma

Name of operation Date of No

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. McCarthy, M. D.

(Address) 111 E. Hamilton Ave

M. D. B 1268-9

F 02716

2716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Belt St. St. 24-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilhelmina Yanke

(a) Residence: No. 1704 Belt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Yanke

6. DATE OF BIRTH (month, day, year) Oct 23 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	5 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Emil Kintop

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Julius Yanke
(Address) 1704 Belt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date June 30. 1934

19. UNDERTAKER L. Fenn McCully

(Address) 130 E. Fort Ave.

FILED 19 Registrar.

9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27/34 19

22. I HEREBY CERTIFY, That I attended deceased from April 9/34. 19 ... to June 27/34. 19 ...

I last saw h... alive on June 27/34 19 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc. About	About 1 yr. from histor

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NONE. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B B Keller M. D.

(Address) 100 Lemmford Ave

F 02717

H. D. P. 1268-9

2717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph James Denby.

(a) Residence: No. 708 Woodyear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed or divorced WIFE of Eleonora Denby

DATE OF BIRTH (month, day, year) 4/2/1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Chester Co, Md.

INFORMANT Alice Denby (daughter)

(Address) 1414 Laing St.

BURIAL, CREMATION OR REMOVAL

Place Mt. Calvary Date 6/30 . 1934

UNDERTAKER Jos. F. Rose & Son

(Address) 638 N. Gilmor

Huntington Ave Pallbearers, W. Va.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/21 . 1934 to 6/27 . 1934

I last saw him alive on 6/27 . 1934 Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 mo
Arteriosclerosis	2
Hypertension	

Other contributory causes of importance:

Name of operation Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

D. B. 1268-9

E 02718

02718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hospitals 4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Coy E Vanlandingham

(a) Residence: No. 3 S. Frederick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 5, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04 D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deland Fla

13. NAME John Vanlandingham

14. BIRTHPLACE (city or town) (State or country) Geneva Fla

15. MAIDEN NAME Emma Wirlitsch

16. BIRTHPLACE (city or town) (State or country) Geneva Fla

17. INFORMANT Board

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Quincy Fla Date June 29, 1934

19. UNDERTAKER John C. Miller

(Address) 2435 E. Pratt St

Huntington Phillips Co. Inc.

JUN 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934 to June 28, 1934

I last saw him alive on June 28, 1934. Death is said to have occurred on the date stated above, at 9.55 Am.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 8 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) I Phagel, M. D.

(Address) Balt City Hosp.

H. D. B. 1262-9

(02719)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02719

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Eldon Ave. St., 13 Ward)

Registered No. 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minerva Belle Henry

(a) Residence: No. 1211 Eldon Ave. St. 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Henry

7. DATE OF BIRTH (month, day, year) May 2-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hoffmanville Maryland

13. NAME George Hampshire

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Maurice F. Henry

(Address) 1211 Eldon Ave.

BURIAL, CREMATION, OR REMOVAL

Place Poplar Bald Co. Date June 30 1934

UNDERTAKER Horace G. Burgee

(Address) 3631 Falls Road

FILED Huntington Hill Registrar

JUN 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to June 27 1934

I last saw her alive on June 24 1934 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cancer of breast	1929

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. D. McCarty, M. D.

(Address) 37 W Eso Ave

D. B 1268-9

E 02720

HEALTH DEPARTMENT—CITY OF BALTIMORE

02720

CERTIFICATE OF DEATH

192

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Provident Hosp. St., 7-01 Ward)

gth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Carl Jones

(a) Residence: No. 1710 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Floyd Jones

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Floyd Webb

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Richard Webb

(Address) 934 Ashland

18. BURIAL, CREMATION, OR REMOVAL Prospect. Va Date June 29 1934

19. UNDERTAKER Mrs. R. D. Elliott

(Address) 1129 Pennsylvania Ave

Filed 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Inquiring Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Struck by lightning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury occurred June 27 1934

Where did injury occur? Druid Hill Park Near Mall
(Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place

Manner of injury Struck by lightning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luck Coroner, M. D.

(Address)

F 02721

D. B 1268-9

02721 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH West Baltimore General Hosp. 27-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lafayette & Parkland St.,

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Hollinger

(a) Residence: No. 4227 Bergen Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1, 1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Wm. Hollinger
14. BIRTHPLACE (city or town) (State or country) Pa.
15. MAIDEN NAME Emma C. Gibson
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Dr. Hollinger
(Address) 4227 Bergen Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 7, 1934
19. UNDERTAKER Tracy & Burke
(Address) 1101 Eastern Ave
Date 6-29-1934 Registrar's

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to June 28, 1934
I last saw him alive on June 28, 1934 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ruptured Appendicitis	6/7/34
a. Peritonitis	6/7/34

Other contributory causes of importance:

Name of operation Appendectomy Date of 6/7/34
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ira Ashman M. D.
(Address) West Baltimore Gen Hosp

Spec.—1-10-21—M&T—1500 Blks.

F 02722

2722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 W Lombard ST. 14-01 WARD)

2-FULL NAME Timothy J Monahan

(a) RESIDENCE NO. 1603 W Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Monahan (nee Fitzer)

6b DATE OF BIRTH (month, day, and year) 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 006

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith helper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER John Monahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Daly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

PARENTS

14 Informant Mrs Elizabeth Ferrer (Address) 320 S Linwood St

15 1934 R Eyton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1933 to June 28 1934, that I last saw h— alive on June 27 1934, and that death occurred, on the date stated above, at 10 25 A m.

The CAUSE OF DEATH* was as follows:

Uraemia: myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous nephritis (duration) 6 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard S. Lundon M.D.

6/29 1934 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral | DATE OF BURIAL June 30 1934

20 UNDERTAKER Harry H Nitzke | ADDRESS 4101 Edmondson Ave

M. D. B. 1268-9

F 02723

02723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital 8-91 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Dorothy Cassidy

(a) Residence: No. 2131 Linclair Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J Cassidy

7. DATE OF BIRTH (month, day, year) Oct 9-1893

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER George H Canapp

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Alice M Hewett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John J Cassidy

(Address) 2131 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6-2 1934

19. UNDERTAKER Wm Cook

(Address) 1214 E Fort Ave

20. FILED June 5 1934 [illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24 1934 to June 29 1934

I last saw her alive on June 29 1934 Death is said to have occurred on the date stated above, at 6.42 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis (colon) following self attempted abortion when 6 week pregnant	June 19
Other contributory causes of importance: Broncho-Pneumonia	June 4
Myocardial Failure	June 24
Perforated Gastric Ulcer	

Name of operation Incision & drainage of Date of June 24, 34

Was there an autopsy? .....

Was there any surgical operation? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A Sendeckert M. D.

(Address) Woman's Hospital

Spec.—9-30—A. & Co.—250 Bks.

02724 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 02724

CERTIFICATE OF DEATH

121

1 PLACE OF DEATH Franklin Sq. Hosp. REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 8-01 St. Ward)

2 FULL NAME Mr & Carolyn Reilly

(a) RESIDENCE NO. 2412 E. Federal St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) February 26 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER F. Carroll Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Minnie Hadenorg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Mrs. Minnie Reilly
(Address) 2412 E. Federal St.

Filed JUL 3 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-29-34

17

I HEREBY CERTIFY, That I attended deceased from 4-23, 1934, to 6-29, 1934

that I last saw her alive on 6-29, 1934

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Chr. appendicitis
Intestinal obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY Peritonitis
(Secondary)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-28-34

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) S. Rubin M. D.

, 19 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL July 2 1934

20 UNDERTAKER Henry Heck Sons, Inc. — ADDRESS 131 E. Eager St

1934

D. P. 1268-9

02725

✓ F 02725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Malark.

(a) Residence: No. 1405 W. Chester St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/4/1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	5	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto md.

12. NAME John A Malark.

13. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Pearl Yagus

16. BIRTHPLACE (city or town) (State or country) Balto md

INFORMANT Hope Mead.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date July 1 1934

UNDERTAKER Lilly & Silver Sons
(Address) 403 E Madison St.

FILED JUL 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/13 1934 to 6/26 1934

I last saw him alive on 6/26 1934 Death is said to have occurred on the date stated above, at 6:17 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of skull thru	
Meningitis	4 days

Other contributory causes of importance:

Name of operation and diagnosis Drainage of mastoid.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Barnes M. D.

(Address) Balto City Hosp

Spec. 6-9-19—H. P. Co.—1000 Blks.

2726

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02726

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 810 E North Avenue ST.: 9th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO

2-FULL NAME Harry Brunner Thompson

(a) RESIDENCE NO. 818 E North Ave ST., 9th WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

6 If married, widowed, or divorced HUSBAND of ~~(or wife of)~~ Ann. Maria Thompson

DATE OF BIRTH (month, day, and year) Oct 18 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Harford Co Maryland

10 NAME OF FATHER John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co.

12 MAIDEN NAME OF MOTHER Adeleine Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co.

Informant Mrs Harry B Thompson (Address)

Filed . 19 Registrar

JUN 30 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1934

17 I HEREBY CERTIFY, That I attended deceased from April . 1933 . to June 28 . 1934.

that I last saw him alive on June 26 . 1934.

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma ventriculi

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. & Hypertension Chr. Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) Charles L Warner M. D.

, 19 (Address) 3312 Egerton Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: July 2 1934

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 Lexington Pikesville, Md.

D. F. 1268-9

02727 F 02727

02727 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 718.s.Bouldin.St St. 16-01 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Baczkowski

(a) Residence: No. 502.S Highland Ave St. 26 Ward.
(Usual place of abode) 54 Years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced WIFE of / HUSBAND of: Leonard Baczkowski

DATE OF BIRTH (month, day, year): March 25 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT (Address): Leonard Baczkowski 718.SBouldin St

BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: July 2 - 1934

UNDERTAKER (Address): Tilly & Zacher Inc 1733 E. Wager St.

FILED: 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jun 15 34 to Jun 29, 1934

I last saw h[illegible] alive on Jun 29, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Senilitis
Cardiac Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ?

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, [illegible]

(Signed) J. Kemp Bartley M. D.

(Address) 2836 E. Balto

2728

HEALTH DEPARTMENT—CITY OF BALTIMORE

2728

CERTIFICATE OF DEATH

+ 93-001

Registered No.

1. PLACE OF DEATH Dead on arrival from Hillendale Golf Club (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred 1 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDWARD B. HAYWARD

(a) Residence: No. Parksville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 16, 1918

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Huntington
(State or country) West Virginia

13. NAME Edward B. Hayward

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Sally Statin

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Edward B. Hayward
(Address) 13 East Iger St.

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July 2, 19 34

UNDERTAKER Chas. P. Crack & Son
(Address) [illegible]

FILED [illegible] 19 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 19 34

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Insufficiency (Probably Myocardial)	6/28/34

Other contributory causes of importance:

Probably due to exercise in athletics

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

F. D. B. 1265-9

F 02729

2729 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-001

CERTIFICATE OF DEATH

Registered No. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Northway St. 12-01 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide Kinsley Coates 73 7 0

(a) Residence: No. 212 Northway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tate Coates

DATE OF BIRTH (month, day, year) Nov 28 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Bordeaux Gironde France

13. NAME Benj. C. Kinsley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Adelaide D. Luther

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Clarke Maxwell daughter

(Address) 212 Northway

BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date June 30 1934

UNDERTAKER Stewart Hearn Co

(Address) 2500 N. Howard

FILED June 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1934 to June 28th 1934

I last saw her alive on June 28th 1934 Death is said to have occurred on the date stated above, at 12:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	June 28/34

Other contributory causes of importance:

Chronic Intestinal Obstruction

Hypostatic Congestion

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. A. Chatard, M. D.

(Address) 1300 E. Cathedral St

M. D. B. 1265-0

E 02730

02730 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Denison St. 20-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret H. Strauss

(a) Residence: No. 513 Denison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank L. Strauss

DATE OF BIRTH (month, day, year): July 4 - 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69.	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Ulrich Hillgebs

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Etta Cramer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Estelle H. Lentzner

(Address): 513 Denison Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: July 2. 1934

19. UNDERTAKER: Joseph Sypher & Son

(Address): 1600 N. North Ave

Washington Funeral Home

Registrar

JUN 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15 1934, to June 28 1934

I last saw her alive on June 28 1934. Death is said to have occurred on the date stated above, at 11-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1926
Arterio-Sclerosis	1928

Other contributory causes of importance:

Endocarditis	1932

Name of operation: Date of:

What test confirmed diagnosis? Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. W. Collentz M. D.

(Address) 2224 W. North Ave

D. B 1268-9

F 02731

HEALTH DEPARTMENT—CITY OF BALTIMORE

02731

186-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 14-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

FULL NAME Barbara Hall

(a) Residence: No. 2002 Druid Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 3-1933

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	5	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Chas Hall

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

14. MAIDEN NAME Gretta Smith

15. BIRTHPLACE (city or town) (State or country) Baltimore Md

16. INFORMANT (Address) Gretta Hall 2002 Druid Hill

17. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date 6/30/34

18. UNDERTAKER (Address) Thomas E. Kelson 1303 Presstman st.

19. DATE OF FILING 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes (importance) fell out window	

Name of operation ..... Date of .....

What test confirmed diagnosis? Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 28 1934
Where did injury occur? 2002 Druid Hill
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury fell out Window
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Leo Bruce Coroner M. D.
(Address)

D. B. 1208-9

✓ F 02732

HEALTH DEPARTMENT—CITY OF BALTIMORE

02732

CERTIFICATE OF DEATH.

34

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 10 yrs) St., 14 (Ward) da. How long in U. S. If of foreign birth? yrs. mos. da.

Length of residence in city or town where death occurred

2. FULL NAME Sadie Steed Booker

(a) Residence: No. 1812 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced (or) WIFE of: Joseph Booker

DATE OF BIRTH (month, day, year): Dec. 25, 1909

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	24	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Life

10a. Total time (years) spent in this occupation: 03

BIRTHPLACE (city or town) (State or country): Philadelphia, Pa

13. NAME OF FATHER: James Steed

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

15. MAIDEN NAME OF MOTHER: Lena Wheeler

16. BIRTHPLACE (city or town) (State or country): Fredericton N.B.C

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION OR REMOVAL

Place: Mt Calvery Date: June 30 1934

UNDERTAKER: Elroy O Wilson

(Address): 1000 Brandywine

01934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 1934 to June 28 1934

I last saw him alive on June 27 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Spine (3rd lumbar - Pott's Disease) with abscess — Date of onset March 1934? May 15

Other contributory causes of importance: Broncho-pneumonia

Name of operation: Biopsy of tissues Date of: June 22 1934

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so,

(Signed) H. R. Bowen M. D.

(Address) Balto City Hosp.

ACo. 5-31 250B

2733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02733

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Springfield Ave. 27th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Laura Simmons

(a) Residence: No. 1200 Springfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Simmons

6. DATE OF BIRTH (month, day, year) Oct 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Cordelia Brown

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Cordelia Young

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

INFORMANT Cordelia Brown Mother
(Address) 1200 Springfield Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date June 30 1934

UNDERTAKER Charles H Dunkett
(Address) 528 Lanvale St

Filed ..... 19..... ..... Registrar.

C1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to June 28 1934

I last saw her alive on June 27 1934 death is said to have occurred on the date stated above, at 2 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	1933
Phthisis	

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Hall, M. D.

(Address) 1226 E. 23rd St.

aCo. 5-31 250B

✓ F 02734

HEALTH DEPARTMENT—CITY OF BALTIMORE

2734

CERTIFICATE OF DEATH

Registered No. 59

. PLACE OF DEATH Good Shepherd Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ~~25~~ St., [illegible] Ward) F 3901

ngth of residence in city or town where death occurred ~~25~~ yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

. FULL NAME Robert Pinder

(a) Residence: No. 922 Sharp St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Pinder

DATE OF BIRTH (month, day, year) 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME Matthew Pinder

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hannie Bennett

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Harriet Pinder 922 Sharp

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date July 2 1934

UNDERTAKER (Address) James Artagus 1422 W Fayette

[illegible] Registrar

0 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/19 1934, to 6/28 1934

I last saw him alive on 6/28 1934 death is said to have occurred on the date stated above, at 12:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Unk

Other contributory causes of importance:

Hypertension Vascular Sclerosis	Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

F 02735

D. B. 1265-9

02735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 22-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Smith

(a) Residence: No. 815 Buena (Berau) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Jessie May Smith.

DATE OF BIRTH (month, day, year) 11/11/1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missionary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 018

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Royal Oak Md

15. MAIDEN NAME Nettie Curtis.

16. BIRTHPLACE (city or town) (State or country) Accomac Co, Va.

INFORMANT (Address) Wife See above address.

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 6/30/34

UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

Filed ..... Registrar.

D 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27, 1934

22. I HEREBY CERTIFY, That I attended deceased (from 6/25, 1934 to 6/27, 1934

I last saw h[illegible] alive on 6/27, 1934 Death is said to have occurred on the date stated above, at 10 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung. metastatic & primary	3 9/1/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 02736

D. B. 1268-9

02736 HEALTH DEPARTMENT—CITY OF BALTIMORE

121

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l. Hosp. St. 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Roberts

(a) Residence: No. 3212 Remley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	May 1	13	4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME George W Roberts

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Darby Hamburg

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Miss L. Roberts
(Address) 3212 Remley St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/30/34

UNDERTAKER Isaac L Brown & Son
(Address) 108 W Montgomery St

0 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to June 27, 1934. I last saw him alive on June 27, 1934. Death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute appendicitis	6/14/34
partial intestinal obstruction	6/19/34
acute nephritis	6/20/34
anuria	6/21/34
acute cardiac dilatation	6/27/34

Other contributory causes of Importance:

Name of operation Appendectomy Date of 6/14/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. M. L. Lewis M. D.

(Address) So. Balto. Gen'l. Hosp.

D. B. 1265-9

F 02737

2737 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Md Gen. Hospital 20-01 St., ... Ward)

TY OF BALTIMORE: (No. .....

ngth of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louise Schaell (Schaell)

(a) Residence: No. 2019 Wilhelm St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 2-1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ludwick Schaell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Schaell

(Address) 2019 Wilhelm St

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 2/ 1934

UNDERTAKER F. B. Ruppert & Son

(Address) 1330 Eutaw Place

Interment

D 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/2/34, 19.. to 6/21/34, 19.. I last saw h.. alive on 6/29/34, 19.. Death is said to have occurred on the date stated above, at 9 00 a m.

The principal cause of death and related causes of importance were as follows:

Ovarian Cyst. Left. — Date of onset .....

Other contributory causes of importance: Acute Cardiac decompensation

Name of operation Postmortem Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Fodor, M. D.

(Address) Md Gen. Hospital

D. B. 1268-9

✓ F 02738

HEALTH DEPARTMENT—CITY OF BALTIMORE

02738

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 715 N. Monroe St., 16-01 Ward)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 23 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Marion B. French

(a) Residence: No. 715 N Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edna French

7. DATE OF BIRTH (month, day, year): 2 Mar 4-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: American Express Co

10. Date deceased last worked at this occupation (month and year): (Total time (years) spent in this occupation)

11. BIRTHPLACE (city or town) (State or country): Balto Md

12. NAME OF FATHER: Andrew French

13. BIRTHPLACE (city or town) (State or country): Baltimore Md

14. MAIDEN NAME OF MOTHER: Mary Jefferis

15. BIRTHPLACE (city or town) (State or country): Balto. Md.

16. INFORMANT: Marion B. French Jr

(Address): 715 N. Monroe

17. BURIAL, CREMATION, OR REMOVAL: Interment

Place: Mt. Olivet Date 6/30/34 19

18. UNDERTAKER: F. B. Hufford & Son

(Address): 301 Eutaw Place

19. 6/30 1934, 19 Registrar: Huntington Lawrence

Mt. Olivet-

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on June 29 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. E. Luckett M. D.
Coroner

M D (Address)

H. D. B. 1268-9

F 02739

02739 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 Sulgrave St. 20-01 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? 58 yrs. mos. ds.

2. FULL NAME Louis F. Breitenstein

(a) Residence: No. 2521 Sulgrave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Addamine Breitenstein

DATE OF BIRTH (month, day, year) Feb 20th 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Fred'k Breitenstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Addamine Breitenstein

(Address) 2521 Sulgrave St

18. BURIAL, CREMATION, OR REMOVAL

Place Westlawn Date 6/30/34

19. UNDERTAKER F. B. Wisehart & Son

(Address) 300 Eutaw Place

20. FILED [illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/34

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to June 28 1934

last saw h[illegible] alive on June 28 1934 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jun 27

Other contributory causes of importance:

Pulmonary Edema	Jun 27

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry E Corcoran M. D.

(Address) 1208 Madison

D. P. 1264-A

F 02740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Reys

(a) Residence: No. 1506 Presstman St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-1928

7. AGE: Years 1 | Months 1 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME of Father: Tuffen Reys

14. BIRTHPLACE (city or town) (State or country): N C.

15. MAIDEN NAME of Mother: Stella Copper

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT (Address): Parents JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 2, 1934

UNDERTAKER: J. P. Brooks

(Address) 463 N. Eutaw St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-20-1934 to 6-29-1934

I last saw h[illegible] alive on 6-29-1934 Death is said to have occurred on the date stated above, at 9.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2 wks
Predisposing tuberculosis	1 yr.

Other contributory causes of importance:

Name of operation Aut. Date of

What test confirmed diagnosis? Aut. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur M. Hurd, M. D.

(Address) Johns Hopkins Hospital

30 1934

D. B. 1268-9

✓ F 02741

02741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital St. 28-31 Ward)

Length of residence in city or town where death occurred life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Alberta E. Otterbein

(a) Residence: No. 238 Mallow Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank J. Otterbein

6. DATE OF BIRTH (month, day, year) Nov. 1, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis E. Hofstetter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Gertrude M. Albert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frank J. Otterbein
(Address) 238 Mallow Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date July 2, 1934

19. UNDERTAKER John C. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from fractured Pelvis + Spine	June 29-34
Other contributory causes of importance:	
Psychosis (Dementia	2
and Injuries	June 29-34

Name of operation Date

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
~~Accident~~, suicide, or ~~homicide~~? Suicide Date of injury July 9, 1934

Where did injury occur? Belvue Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place St Agnes Hospital

Manner of injury Jump from window

Nature of injury Fracture of Spine & Pelvis

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jos. L. Valentine M. D.
Coroner

(Address) 16 So Howard

F. D. B. 1268-9

F 02742

2742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 21 W 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Raymond Stunterant

(a) Residence: No. 200 Woodlawn Road, Roland Park, Balto. Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Ann Stunterant

DATE OF BIRTH (month, day, year) Dec. 18, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hartford Conn

12. NAME Francis C. Stunterant

13. BIRTHPLACE (city or town) (State or country) Hartland, Vermont

14. MAIDEN NAME Hattie Ellis

15. BIRTHPLACE (city or town) (State or country) Warren, Mass

16. INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL Place Cremation July 1 1934

18. UNDERTAKER John J. Mitchell, Hearse

(Address) 1600 Eutaw Place

19. Filed JUL 30 1934 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to June 28, 1934

I last saw him alive on June 28, 1934 Death is said to have occurred on the date stated above, at 10.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Furunculosis of scalp	6-1-34
Generalized metastatic abscesses	6-16-34
Purulent spinal meningitis	?

Other contributory causes of importance:

Ditto - syphilis of skull	6-26-34

L-27-34

Lumbar puncture 3 c.c.

Name of operation Trephine Date of 6-26

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Francis, M. D.

(Address) Union Memorial Hospital

D. F. 1268-9

F 02743

02743 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred 48 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter B. Herman

(a) Residence: No. 3506 - Liberty Hgts. Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Daisy S. W. Herman

6. DATE OF BIRTH (month, day, year) Jan 28 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Md.

13. NAME Wm Sigmund Herman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Anne Woolen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Daisy S. Herman

(Address) 350 - Liberty Hts Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 30 1934

19. UNDERTAKER Wm. Tickner & Sons

(Address) North & Pennsylvania

20. Date 6/30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/23 1934 to 6/28 1934

I last saw him alive on 6/28 1934 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramural Hemorrhage	

Other contributory causes of importance:

C V D disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alden H. Chandler M. D.

(Address) Bon Secours Hosp.

M. D. H. 1268-9

✓ F 02744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Loudon Ave. St. 28-01 Ward)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth: ... yrs. ... mos. ... ds.

2. FULL NAME John R. McKnight

(a) Residence: No. 2902 Loudon Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sue V. McKnight

DATE OF BIRTH (month, day, year) Jan. 4 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wellington McKnight

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Mary Crockett

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Sue V. McKnight

(Address) 2902 Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. June 30, 1934

19. UNDERTAKER John F. Henry

(Address) 1615 Light St

19... Registrar.

D 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jun 28 1934 19

22. I HEREBY CERTIFY, That I attended deceased from June 28 1934, to June 28 1934

I last saw h... alive on June 27 1934 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	3 days
Other contributory causes of importance:	
arterio-sclerosis	some years
Hypertension	
Chronic arthritis	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) A. F. Ries M. D.

(Address) 24 S. Bway

D. B 1268-9

F 02745

HEALTH DEPARTMENT—CITY OF BALTIMORE

2745

CERTIFICATE OF DEATH

16-01

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Spring Gardens off Waterview Ave.)

Length of residence in city or town where death occurred 14 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman H.Clark.(C)

(a) Residence: No. 820 W.Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 5,1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore,Md.

13. NAME William R.Clark(c)

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Gertrude Lacy(c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Gertrude Clark(c)mother.

(Address) 820 W.Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Odd Fellow Cemetery Date June 30, 1934

Place Arlington Md.

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

Huntington Williams, Inc.

JUN 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27,1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in bathing.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/27/34

Where did injury occur? Baltimore,Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Drowning.

Nature of injury While in bathing.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto A. Reinhardt, M. D. Coroner

6/28/34 (Address) 1017 St.Charles St.

c.—1-30—M. & T.—250 Blks

F 02746

2746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1624 W. Elderry ST., 7-01 WARD)

2-FULL NAME James Kelly

(a) RESIDENCE NO. 1624 W. Elderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Widowed

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Kelly

ATE OF BIRTH (month, day, and year) Feb. 10, 1859

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	17	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

IRTHPLACE (city or town) (State or country) ? Virginia

10 NAME OF FATHER George Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Virginia

12 MAIDEN NAME OF MOTHER Sallie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Virginia

Informant Ada Kelly

(Address) 1624 W. Elderry

Filed ..... 19 ..... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 '34

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1934, to June 27, 1934; that I last saw h. alive on June 26, 1934, and that death occurred, on the date stated above, at 14 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease - Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds

CONTRIBUTORY (Secondary) Uremia - Auto Intoxication

of Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Sym.

(Signed) Wm. L. Berry, M. D.

, 19 (Address) 1420 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	June 30 19 34
20 UNDERTAKER	ADDRESS
Robert F. Williamson	1128 W. Elderry St

M. D. B. F 02747 F 02747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Manchester Ave St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Hazel (Infant Matheus)

(a) Residence: No. 3715 Manchester Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 27 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2 2/3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Otis Matheus

14. BIRTHPLACE (city or town) (State or country) Phila. Pa

15. MAIDEN NAME Vera O'Donovan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Otis Matheus
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Hartford Road Date 6/30 1934

UNDERTAKER Geo. W. Lemmon & Sons
(Address) 461 Park Ave.

FILED 6/30 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to June 30 1934

I last saw him alive on June 29 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Defect	2 days

Other contributory causes of importance:

Prematurity	Birth

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) C. B. Evans M. D.

(Address) 4936 Park Heights Ave

F 02748

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02748

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2431 E. Lafayette Ave 8-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph T. Harrison

(a) Residence: No. 2431 E. Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Alberta Harrison

DATE OF BIRTH (month, day, year) Feb 23rd 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker 8b

9. Industry or business in which work was done, as spinning mill, saw mill, bank, etc. St. Patricks Cemetery

10. Date deceased last worked at this occupation (month and year) 1927 | 11. Total time (years) spent in this occupation 5yr.

BIRTHPLACE (city or town) (State or country) Deals Island Md

13. NAME Wm Henry Harrison

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

15. MAIDEN NAME Margaret Gibson

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

INFORMANT Josephine M. Cook

(Address) 2431 E. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Deals Island Md Date July 1st 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 27 1934 to June 29 1934

I last saw him alive on June 29 1934 Death is said to have occurred on the date stated above, at 11.40 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Coronary Thrombosis	2 Mos.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

21. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter Goldberg M.D. M. D.

(Address) 1527 N. Patterson Park Ave

F 02749

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02749

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 E. 30th St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Cooper

(a) Residence: No. 1718 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. ~~If married, widowed, or divorced~~ (or) WIFE of John F. Cooper

DATE OF BIRTH (month, day, year) Jan 10th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 1904

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT George H. Cooper

(Address) 513 E. 23rd St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 2nd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 7-1-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to June 29 1934

I last saw her alive on June 29 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis with Insufficiency	1924
Other contributory causes of importance: Cardiac decompensation with Arteriosclerosis	June 1934

Name of operation Physical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Edwards M. D.

(Address) 2716 Alameda Blvd

F 02750

D. B. 1268-A

F 02750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Removed Dead on Arrival

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Isabel E. Naughton

(a) Residence: No. Rennert Hotel St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~
(or) WIFE of Joseph Naughton

6. DATE OF BIRTH (month, day, year) Sept 4th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER John S. Rinn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Sarah Burns

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Eugene Rinn

(Address) 28 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 2nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on June 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3 hrs
Other contributory causes of importance: Arterio-Sclerosis ?	

Name of operation ... Date of ...

What test confirmed diagnosis? Hosley Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Fenton M. D.
Coroner

(Address) 700 E Chase St

D. B. 1368-2

02751

HEALTH DEPARTMENT—CITY OF BALTIMORE

02751

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 25-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maynard P. Latta Jr.

(a) Residence: No. 2102 Annapolis Ave St., Ward. Mt Winans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 8th 1919

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (City or town) (State or country) Balto Md

13. NAME Maynard P. Latta Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine P. Kayser

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Maynard Latta

(Address) 2102 Annapolis Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 1st 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

JUL 1 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th . 1934

22. I HEREBY CERTIFY, That I attended deceased from virgin . 19 . to . 19

I last saw h alive on virgin . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Internal Injuries

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/29 . 1934

Where did injury occur? Light St nr Howard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Boy on his trike ride driven to ground

Nature of injury Trike ride driven to ground

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Cohen Coroner M. D.

(Address) 2202 E Madison St

F 02752 F 02752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Bennington Rd (Ward) 26-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph P. Griffin

(a) Residence: No. 407 Bennington Rd. Ward. Govans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced, HUSBAND of: Virginia D. Griffin

DATE OF BIRTH (month, day, year): Feb 2nd 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 016

10. Date deceased last worked at this occupation (month and year): 1924

11. Total time (years) spent in this occupation: 35

BIRTHPLACE (city or town) (State or country): Harford Co Md.

12. NAME: Andrew J. Griffin

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Harford Md

INFORMANT: Margaret V. Zeakley

(Address) 6303 Bunbary Rd

BURIAL, CREMATION, OR REMOVAL

Place: Govans Presbyterian Date: July 3rd 1934

UNDERTAKER: Wm Cook

(Address) 1217 E Fayette St

FILED 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to June 30, 1934

I last saw him alive on June 30th, 1934. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	

Other contributory causes of importance: Gastro Intestinal disturbance

Name of operation: No Operation Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bonnell Fargo M. D.

(Address) 2937 N. Calvert St.

F 02753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225½ Linden Ave (Ward)

Length of residence in city or town where death occurred yrs. ds. How long in U. S. If of foreign birth? yrs mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henrietta Thuman

(a) Residence: No. 2225½ Linden Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thuman

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hyman B. Bock

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Husband

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Ave. 7/1/34 19

UNDERTAKER Jacob Levin & Sons

(Address) 1139 E Baltimore St.

FILED 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15 34 to June 30 34

I last saw h alive on June 30 34 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronic dilitation	March

Other contributory causes of importance:

Arteriosclerosis
Chronic Inf Nephritis
Multiple Epithelioma

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) J. Ernest Kelly M.D. M. D.

(Address) 100 E Monument St

B. B. 1268-9

F 02754

F 02734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Carey St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Rose Morris

(a) Residence: No. 1729 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female Col	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Milburn Morris

DATE OF BIRTH (month, day, year): 1900

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation: Md.

12. BIRTHPLACE (city or town) (State or country): Unknown Md

13. NAME

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Carrie Bayley

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT (Address): Milburn Morris 1729 N. Carey St

BURIAL, CREMATION, OR REMOVAL

Place: Sage Bottom Cem. Date 7/3/ 1934

UNDERTAKER (Address): Frances A. Hensley 542 W. Biddle St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I saw h alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Dilation of Heart.

Date of onset: 6 hrs

Other contributory causes of importance:

Name of operation: Beginning Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leo Klunk Coroner, M. D.

(Address)

F 02755

02753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital Ward) 1520

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Anna Schultz

(a) Residence: No. 2318 Rosedale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of George J. Schultz

7. DATE OF BIRTH (month, day, year): Dec. 15-1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Emil Grontais

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Anna F. Sebastian

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: George J. Schultz

(Address) 2318 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: July 3 1934

19. UNDERTAKER: George W. Dickler

(Address) 1737 E. Eager St.

20. FILED: 1934 Registrar.

7-1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to June 30, 1934

I last saw h[illegible] alive on June 30, 1934. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration: Date of onset	Hours
Edema of Larynx	Several	Hours
Septic Sore Throat	1	Week
Acute Cervical Adenitis	1	Week

Other contributory causes of importance:

Cardiac Failure	Several	Hrs

Name of operation: Tracheotomy Date of: June 30, 34

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John T. Cozzens M. D.

(Address) W D & N J

F 02756

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02756

CERTIFICATE OF DEATH

15-21 ✓ 82-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3522 Garrison Ave. St.) (15-21 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T. Edwards, Jr.

(a) Residence: No. 3522 Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna E. Edwards.

DATE OF BIRTH (month, day, year) December 5, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of 4

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles T. Edwards,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Anna E. Edwards.

(Address) 3522 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL JUL 2 - 1934

Place Loudon Park Date 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

JUL 2 - 1934 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 29 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1933 to June 29 1934

I last saw him alive on June 29 1934 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 29
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore McKeldin M. D.

(Address) 1609 Eutaw Pl

F 02757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02757

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3464 Seneca St St. 13-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John W. Mc Donald

(a) Residence: No. 3464 Seneca St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mc Donald

DATE OF BIRTH (month, day, year) Feb 16, 1843

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maine.

13. NAME John Mc Donald.

14. BIRTHPLACE (city or town) (State or country) maine.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Clara V. Kirk.

(Address) 3401 Kenyon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys, Hampden Date July 2, 1934

19. UNDERTAKER Cherpowitz & Son.

(Address) 3464 Seneca St.

20. FILED July 1 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 34 to June 29 34

I last saw him alive on June 29 34. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis +	June 34
Arteriosclerosis	Indefinite
Other contributory causes of importance:	
Arteriosclerosis	3yrs
Chronic Int Nephritis	
Senility	

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, when? Vernon F. Kelly M.D.

(Signed) Vernon F. Kelly M.D. M. D.

(Address) 601 Cathedral Bldg

M. D. Rec'd F 02758

F 02758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #609 Schenley Rd. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura L. Hager

(a) Residence: No. #609 Schenley Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George A Hager

DATE OF BIRTH (month, day, year) Oct 1 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Carroll Co Md

13. NAME OF FATHER John M Boring

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Matilda Fleagle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Virginia Hart

(Address) #609 Schenley Rd Balto

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Date July 3 1934

Place

19. UNDERTAKER Walter Davis

(Address) 3618 Chestnut Ave

20. FILED July 1 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934, to June 30 1934

I last saw her alive on June 29, 1934. Death is said to have occurred on the date stated above, at 10:40 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/25/34
Other contributory causes of importance:	
Arterio-Sclerosis	1/6 32

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Gibson Jones M. D.

(Address) 4822 Roland Ave

F 02759

D. B 1268-9

(02759) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 194-002

Registered No. 2150

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. South Baltimore General Hospital

gth of residence in city or town where death occurred 43 yrs. 1 mo. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Thomas E. Maxwell.

(a) Residence: No. 1146 Washington Blvd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White.	Married

If married, widowed, or divorced: HUSBAND of XXXXXXXXX Annie M. Maxwell.

ATE OF BIRTH (month, day, year) May 7, 1891.

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. & P. Bakery.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10. NAME John T. Maxwell.

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. MAIDEN NAME Katherine Haller.

13. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Annie M. Maxwell. (wife)

(Address) 1146 Washington Blvd.

BURIAL, CREMATION, OR REMOVAL

Place Western Date July 2 19 34

UNDERTAKER Margaret J. Flynn

(Address) 2107 N. Eden St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia due to infected	
Bursitis of left elbow.	
Accidental Death.	

Other contributory causes of importance: over

Name of operation Yes. Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury ? 19 ...

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? ?

If so, (specify)

(Signed) Otto M. Reinhardt X M. D. Coroner

6/30/34 (Address) 1017 S. Charles St.

760 Rev. 8-9

87065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02760

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-tl Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hugh Davis

(a) Residence: No. 1719 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary

6. DATE OF BIRTH (month, day, year) 7-15-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Family Welfare

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 86

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — N Car

13. NAME Henry Davis

14. BIRTHPLACE (city or town) (State or country) — N. Car

15. MAIDEN NAME Molly ?

16. BIRTHPLACE (city or town) (State or country) — N Car

INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place asbury cemetry Date July 2 1934

UNDERTAKER Edw
(Address)

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23. 1934. to June 28. 1934. Last saw him alive on June 28. 1934. Death is said to have occurred on the date stated above, at 730 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 23 1934
Hypertension	

Other contributory causes of importance:

Name of operation Trephine Date of June 23

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimbel, M. D.
(Address) The Johns Hopkins Hosp

F 02761

D. B. 1268-9

Nitsch

F 02761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 East Lynn St., 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 7 yrs. ... mos. ... ds.

2. FULL NAME Oliver Mead

(a) Residence: No. 504 East Lynn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed or divorced HUSBAND of (or) WIFE of Theo F Mead

DATE OF BIRTH (month, day, year) April 2nd 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Guernsey

13. NAME of Father Edward Le Pelley

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Pauline Lessinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Henderson

(Address) 504 East Lynn St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 2 1934

19. UNDERTAKER F. S. Norbut & Son

(Address) 1300 Eastern Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29/34

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to June 29 1934

I last saw h[illegible] alive on June 29 1934 Death is said to have occurred on the date stated above, at 12 15 9 m.

The principal cause of death and related causes of importance were as follows:

Carcinomata of Stomach Endocarditis Chronic Nephritis Metastasis to Brain

Date of onset

Other contributory causes of importance: Pulmonary Oedema

Name of operation ... Date of ...

What test confirmed diagnosis Clinical & Hosp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert C Welch M. D.

(Address) 2151 Wilkens Ave

02762

HEALTH DEPARTMENT—CITY OF BALTIMORE 02762

V 23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Dukeno Gator Avenue St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Master Geo Wm Dolle

(a) Residence: No. 1729 S. Smallwood St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 26 - 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 yr	1 mon	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Geo. Dolle

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Edna B. Richardson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT William Dolle

(Address) 1729 S Smallwood St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 31, 1933

UNDERTAKER J. B. Hobbert & Son

(Address) 1300 Eastern Ave

FILED July 31, 1933 Wm. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-21-1933 to 6-30, 1933

I last saw h.. alive on 6-30, 1933. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized miliary Tuberculosis	6-1-33

Other contributory causes of importance:

Terminal Cachexia

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Brogan E Horton M. D.

(Address) St Agnes Hosp.

F 02763

F 02763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Pitcher St. 14-el Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Claire Brown

(a) Residence: No. 624 Pitcher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 20-1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24 - 1909	9 mo	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME Wm. H. Brown

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME L. L. Daniels

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Wm. H. Brown
(Address) 624 Pitcher

18. BURIAL, CREMATION, OR REMOVAL
Place Piney Grove Date July 2 1934

19. UNDERTAKER Mrs Geo. H. Holland
(Address) 1631/2 Druid Hill

20. FILED JUL 1 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13 1934 to June 29 1934

I last saw h... alive on June 29 1934 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1yr 7d
Bronchial asthma	4 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. N. Pyrol M. D.

(Address) 1136 W. Lanvale St.

F 02764

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02764

CERTIFICATE OF DEATH

Registered No. V 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 11-04

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Brown

(a) Residence: No. 1121 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena

7. DATE OF BIRTH (month, day, year) Jan 30, 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Baltimore

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records Balt. City Hosp.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Pt Peters Date July 2, 1934

UNDERTAKER Mrs Lena F. Hollar
(Address) 1611 Edmondson Ave

FILED , 19 Registrar

Huntington Publishing Co., N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934 to June 28, 1934

I last saw h alive on June 28, 1934. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic alcoholism	?
Korsakow's Syndrome	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Nagel, M. D.

(Address) Balt City Hosp.

F 02765

F 02765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Augusta Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara E. Egner

(a) Residence: No. 603 N. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John M. Egner

DATE OF BIRTH (month, day, year) October 30, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Pfeifer

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Mr. John Egner

(Address) 603 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date July 2 1934

19. UNDERTAKER

(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933 to June 29, 1934

I last saw her alive on June 29, 1934. Death is said to have occurred on the date stated above, at 7.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Crawford, M. D.

(Address) 514 Drury Lane, Ten Hills

F 02766

F 02766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 Catalpha Rd. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine E. Epple

(a) Residence: No. 5007 Catalpha Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 10, 1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Epple

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Burnine

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT John Epple
(Address) 5007 Catalpha Rd.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/2/34 19

UNDERTAKER Leonard J. Stuck.
(Address) 5305 Harford Rd.

FILED 1-1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28/34 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 19 ... to 6/28/34 19 ... I last saw him alive on 6/28 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset
Lobar Pneumonia

Other contributory causes of importance:

Emphysema

Name of operation Resection of Rib Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Epple M. D.

(Address) 5103 Harford Rd.

D. B 1989-9

F 02767

F 02767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 25-01 (Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis N. Blumenauer

(a) Residence: No. 2365 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie G Blumenauer

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Record Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Harry H Blumenauer

(Address) 2365 Wash Blvd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 7/3 1934

UNDERTAKER Edw Foulton

(Address) 2359 Wash

FILED ..... 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Femur	
fall on Pavement	
Accident	11 days

Other contributory causes of importance:

Bronchial Pneumonia — One day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury June 19 34

Where did injury occur? St Paul + Fayette Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Nature of injury Fracture Femur

Manner of injury fall on Pavement

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton, M. D. Coroner

(Address) 700 E Chase St

F 02768

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02768

CERTIFICATE OF DEATH

× V 186-011

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., H-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lenin Mulcahy

(a) Residence: No. 851 Agnes Lane Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. Mulcahy

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 85			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ireland

NAME Unknown

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Kathrine Collett

(Address) 1904 Kennedy Ave

BURIAL, CREMATION, OR REMOVAL

Place St Paul's Cem Date July 3 19 34

UNDERTAKER Factory Store

(Address) Edmondson Ave

FILED ... 19 ... Registrar

1-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... Death is said to have occurred on the date stated above. I last saw h. alive on ... 19 ... at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of Femur	
Fall in her Room	1 Mo.
Other contributory causes of importance:	
Heart Fibrillation	1 day

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury Dec 29 ... 1933

Where did injury occur? at her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fall

Nature of injury fracture Hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James McSherry M. D.
Coroner

(Address) 700 E Chase St

D. P. 1208-B

F 02769

12644

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02769

CERTIFICATE OF DEATH

X 53V

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Fauntleroy Browning Jr.

(a) Residence: No. Route 1 Finksburg Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Browning

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Viola Buckingham

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Providence Cemetery Date July 3 1934

19. UNDERTAKER C. M. Galt (Address) Westminster Md.

20. FILED JUL 1 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1934 to July 1 1934

I last saw him alive on July 1 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma bone, tibia right	
and metastases to brain (malignant)	Oct 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Keil M. D.

(Address) The Johns Hopkins Hospital

F 02770

F 02770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1447 St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Dorsey

(a) Residence: No. Aykesville Ave., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1850-?-?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Downingtown Pa

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Hannah Broomes

(Address) Gaithersburg Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date July 4, 1934

19. UNDERTAKER C. M. Hall

(Address) Hamilton Md.

20. FILED 1934 By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to July 1, 1934

I last saw h[illegible] alive on July 1, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal Disease	Unknown

Other contributory causes of importance:

Generalized Arteriosclerosis
Hypertrophied Prostate

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Bradham Hopper M.D.

(Address) Provident Hospital

F 02771

F 02771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 45

1. PLACE OF DEATH Community Hospital 4-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Puppert

(a) Residence: No. West minster, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

13. NAME Adam Puppert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Byers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Josephine Puppert

(Address) Westminster Md

BURIAL, CREMATION, OR REMOVAL

Place Westminster at Jos. Date 7/4 1934

UNDERTAKER H Barnhard & Son

(Address) Westminster Md

FILED ..... 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-27-34. 19 to 7-1-34. 19

I last saw h[illegible] alive on 7-1-34. 19 Death is said to have occurred on the date stated above, at 10. [illegible]M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar, Left.	6-28
Secondary Hemiplegia.	6-30
Cerebral Thrombosis	6-30

Other contributory causes of importance: Bronchial pneumonia

Duration: Antecedent Invalid

Name of operation ..... Date of 6-30

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Thomas M. D.

(Address) Comm. Hosp.

F 02772

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 02772

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S Dallas St., 3-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Belle Ellis

(a) Residence: No. 312 S Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Stewart Ellis

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Calto Md

12. NAME James

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Cinda Williams

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Talbot Coburn 312 S Dallas St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Cem. Date July 2, 1934

UNDERTAKER Wendel & Shipley

(Address) 1535 E Lombard St

FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1454 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P P Berger M.D. M. D.
Coroner

(Address) 1305 Patterson Park

F 02773

F 02773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph J. Memmel

(a) Residence: No. 1500 Holbrook St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 20 1911

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ctg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Michael A. Memmel

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Anna Dwyer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Mr. Michael A. Memmel

(Address) 1500 Holbrook St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cmty Date July 3rd 1934

UNDERTAKER Henry Hood, Sons, Inc

(Address) 1301 E. Eager St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26 1934 to June 30 1934

I last saw him alive on June 30 1934 Death is said to have occurred on the date stated above, at 6 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis - acute	
2. Peritonitis	
Other contributory causes of importance:	
1. Ileus	

Name of operation appendectomy Date of 6-25-34

What test confirmed diagnosis Clinical and there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M M Mascuello, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. B. 1268-9

F 02774

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02774

CERTIFICATE OF DEATH

93-001

Registered No. 27-81

. PLACE OF DEATH

TY OF BALTIMORE: (No. 5811 Winner Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Edwin W. Lyon

(a) Residence: No. 5811 Winner Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Floryne Mayer Lyon

DATE OF BIRTH (month, day, year) Feby. 6, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 866

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Air Way Cleaners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

13. NAME Benjamin B. Lyon

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Alvine Weiseberg

16. BIRTHPLACE (city or town) (State or country) Ga.

INFORMANT Dr. Gilbert Rosenthal

(Address) 2311 Eutaw Place

BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cem. Date July 2, 1934

UNDERTAKER David Lendheim & Son

(Address) 1902 Eutaw Place

FILED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance [illegible] as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 3632 Roland Ave.

pec.—9-30—A. & Co.—250 Blks

F 02775 (Zapf) ✓ F 02775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary ST E 4th WARD)

2-FULL NAME Joseph Zapf

(a) RESIDENCE NO. Marlyn Ave. Essex, Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or WIFE of) Mrs Mary Zapf

DATE OF BIRTH (month, day, and year) 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer - Day

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Joseph Zapf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Hospital Records
(Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/34

17
I HEREBY CERTIFY, That I attended deceased from
May 17, 1934, to June 29, 1934
that I last saw him alive on June 29, 1934
and that death occurred, on the date stated above, at 5.20 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach - Cardiac end.

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of May 18, 1934
Was there an autopsy?
What test confirmed diagnosis? X-ray
(Signed) Herbert V. Hoover M. D.
6/29, 1934 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 7/2 1934

20 UNDERTAKER D. J. Flaherty Son — ADDRESS 1318 Light St

F 02776

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02776

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2035 Madison Ave St. 14-61 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elias Milligan

(a) Residence: No. 2035 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	W. Lower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie Milligan

7. DATE OF BIRTH (month, day, year): Dec 3, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 10

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Unknown

13. NAME: Benjamen Milligan

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Sara Taylor

(Address): 2010 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Lebanon Cemetery Date: July 2, 1934

19. UNDERTAKER: Chas. L. Goodale

(Address): 1411 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29, 34

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to June 29, 1934

I last saw him alive on June 29, 1934. Death is said to have occurred on the date stated above, at 11.45 P. m.

The prinrlpal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Dec 1928

Other contributory causes of importance:

Name of operation ..... Date of: .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Arrident, suiride, or homiride? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury orrurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ocrupation of dereased? No. If so, specify .....

(Signed) Wilbur Tilley M. D.

(Address) 707 Penna Ave

Spec—9-30—A. & Co.—250 Blks

F 02777

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02777

CERTIFICATE OF DEATH.

82-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1211 E. Madison St 10-01 WARD)

2 FULL NAME Herbert Bedford

(a) RESIDENCE NO 1211 E. Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

6 If married, widowed, or divorced HUSBAND of ~~the late~~ of Jeanette Bedford

DATE OF BIRTH (month, day, and year) 11/25/1899

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34	7	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Elizah Bedford

11 BIRTHPLACE OF FATHER (city or town) North Point

(State or country) Md

12 MAIDEN NAME OF MOTHER Susie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Mary's Co. Md.

Informant (Address) Mrs Susie Bedford 1211 E. Madison St

Filed 7-2-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28/34

17

I HEREBY CERTIFY, That I attended deceased from 6/14, 19 34, to 6/28, 19 34

that I last saw him alive on 6/27, 19 34

and that death occurred, on the date stated above, at 10:25 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Raymond Browne M. D.

19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Calvary Cemetery

DATE OF BURIAL 7/2 1934

20 UNDERTAKER Robert L. Young

ADDRESS 804 N. Caroline St

F. 02778

F. 02778

8722

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 10-01 (Ward)

CITY OF BALTIMORE: (No. [illegible] St., Ward.

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Krug

(a) Residence: No. 1213 N. Eden St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6/23/97

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Stewart

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemetery Date 7/3/ , 1934

UNDERTAKER Robert L. Young (Address) 804 N. Caroline St

FILED 7-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to June 29 1934

I last saw her alive on June 29, 1934 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage — Date of onset 6/27/34

Other contributory causes of importance:

full term operative delivery — 6/22/34

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W Boyd Jr M. D.

(Address) Jhh

D. B. 1268-B

02779 Gealhar M F 02779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hospital 10-W (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul V. Gealhaar

(a) Residence: No. 1138 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Father's
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary Store
10. Date deceased last worked at this occupation (month and year) June 30/34 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Ernest J. Gealhaar
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Mary A. Sutton
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Ernest J. Gealhaar
(Address) 1138 Harford Ave

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 30 '34

UNDERTAKER Edgar W. Corkran
(Address) 3111 Eastern Ave

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st. 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12:02 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 6/30 . 1934
Where did injury occur? Arlington & Preston Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto in which he was riding collided with another
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Storm Coroner, M. D.
(Address) 2100 E. Monument St.

M. D. B. No. F 02780 ✓ F 02780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 Latrobe St. 12-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Washington

(a) Residence: No. 1611 Latrobe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Color

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wise Washington

7. DATE OF BIRTH (month, day, year): Sept 10th 1892

7. AGE: Years 42 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Tony Boyd.

14. BIRTHPLACE (city or town) (State or country): Corrine N.C.

15. MAIDEN NAME: Mary Cherry.

16. BIRTHPLACE (city or town) (State or country): Corrine N.C.

17. INFORMANT (Address): Wise Washington 1611 Latrobe St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Cem. Date: July 3rd 1934

19. UNDERTAKER (Address): Mrs. F. A. Elliott-Maughs 929 Carlton

20. FILED ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1934 to 6/25 1934

I last saw h[illegible] alive on 6/28 1934 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach + Liver	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2139 E 11th

F 02781

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02781

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. ..... St., 3-ol Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Zabawa

(a) Residence: No. 532 S. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Zabawa

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Xodc Solomeja

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cemetery Date July 3rd 1934

UNDERTAKER George A Weber
(Address) 701 S Ann st

FILED ... 19 ... Registrar.

JL 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from January 20 1934 to June 30 1934
I last saw him alive on June 30 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. W. Jacobson M. D.
(Address) Baltimore City Hospitals

F 02782

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02782

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Wyborski

(a) Residence: No. 518 S. Chaple Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of - - - - - - -

DATE OF BIRTH (month, day, year) March 31/1930

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME John Wyborski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rose Banaszkiewicz

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT Mrs. Rose Wyborski

(Address) 518 S. Chaple Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date July 3rd 1934

UNDERTAKER Geo. A. Weber

(Address) 701 N. Ann St

(Signed) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 , to , 19

I last saw h alive on injury, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation Decompression Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/29, 1934

Where did injury occur? Fleet & Chapel Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto skid

Nature of injury Injury to the skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner, M.D.

(Address)

D. [illegible] F 02783

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02783

CERTIFICATE OF DEATH

120

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 North Port St St., 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Schroll Jr.,

(a) Residence: No. 218 N.Port Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of - - - -n- - - -
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 3rd/1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Schroll

14. BIRTHPLACE (city or town) (State or country) Balto,Md.

15. MAIDEN NAME Elizabeth Mruk

16. BIRTHPLACE (city or town) (State or country) Balto,Md.

INFORMANT Mrs.Elizabeth Schroll
(Address) 218 N.Port Street

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date June 2nd 1934

UNDERTAKER Geo. A. Weber
(Address) 701 S. Conkling Street

FILED 1934 Huntington Fillmore [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 , to , 19 ;

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
Congenital Cerebral Defect	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 508 E Monument

D. B. [illegible]-8 F 02784

F 02784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland P Phillips

(a) Residence: No. Hebron, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Lynoria Phillips

DATE OF BIRTH (month, day, year) 5/1/1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box factory

10. Date deceased last worked at this occupation (month and year) 6/34

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME Jack B Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lynoria Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT ~~Mrs Roland P Phillips~~ Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hebron, Md Date 7/4 . 1934

UNDERTAKER Lee & Johnson
(Address) Salisbury, Md.

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/1 . 1934. to 7/1 . 1934.

I last saw him alive on 7/1 . 1934. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

Ruptured esophagus — Cause Unknown — Date of onset 7/1/34

Other contributory causes of importance:

Massive Collapse left lung.

Name of operation Appendectomy - Cholecystotomy Date of 7/1/34

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Flora Davis H E Proctor, M. D.

(Address) Md. Gen. Hospital

F 02785

F 02785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Lennox St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Bertha Singer

(a) Residence: No. 717 Lennox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank C. Singer Sr.

DATE OF BIRTH (month, day, year) May 4, 1848

AGE — Years	Months	Days	If LESS than 1 day... hrs. or min.
86	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jacob Brojius.

14. BIRTHPLACE (city or town) (State or country) Paris. France.

15. MAIDEN NAME Louisa Smith.

16. BIRTHPLACE (city or town) (State or country) Berlin Germany

INFORMANT Mrs. Minnie E. Green

(Address) 2626 Shirley Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 2 1934

UNDERTAKER Wm. H. Rockel Sons

(Address) Noted & Penna Aves

FILED , 19 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1931 to June 30 1934

I last saw h alive on June 29, 1934. Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Senile Arterio-sclerosis	3 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Phys. exam. & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Chenowith, M. D.

(Address) 3310 Tioga Parkway

F 02786

F 02786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 19-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Genora Marshall

(a) Residence: No. 1507 W. Franklin st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Marshall

DATE OF BIRTH (month, day, year) Aug. 5, 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 037

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Hattie Meekins

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date July 2 19 34

UNDERTAKER Thos. E. Kelson
(Address) 1303 Pressman St

FILED 19 Registrar.

1507 W. Franklin St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1934 to June 28, 1934

I last saw her alive on June 28, 1934 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1933
Other contributory causes of importance:	
Cardiac Decompensation	May 1934

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W Jacobson M. D.
(Address) Baltimore City Hospitals

F 02787

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02787

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2245 Cecil Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 16 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joanna L. Wenrick

(a) Residence: No. 2245 Cecil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Wenrick

7. DATE OF BIRTH (month, day, year) March 14/1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 6/30/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Co Penna

13. NAME (Unknown) Bubb

14. BIRTHPLACE (city or town) (State or country) Probably Swanston, Ill

15. MAIDEN NAME Margaret Urich

16. BIRTHPLACE (city or town) (State or country) Cumberland Co., Pa

INFORMANT Helen McCurdy

(Address) 2245 Cecil Ave

BURIAL, CREMATION, OR REMOVAL Harrisburg Penna Date 7/2/34, 19

UNDERTAKER Witham Cook

(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Other contributory causes of importance:

Senile degeneration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of decease

If so, specify .....

(Signed) J. S. W. Cairns Coroner

(Address) 508 E Fayette

02788 ✓ F 02788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 - East 23rd St., 9-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Walter Collins, Jr.

(a) Residence: No. 529 - East 23rd St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Estelle H. Collins

DATE OF BIRTH (month, day, year) Nov. 30, 1874(?)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60(?)		7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watch repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME John W. Collins, Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Stribble

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Estelle C. Collins
(Address) 2407 - N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 7/3 -34

19. UNDERTAKER William Cook
(Address) 1217 St Paul St.

20. 7-2-1934 Huntington, W. Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to July 1st, 1934

I last saw him alive on July 1st, 1934. Death is said to have occurred on the date stated above, at 9:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) N. E. Nevitt M. D.

(Address) 2547 - W. North Ave.

D. B 1268-9

F 02789

HEALTH DEPARTMENT—CITY OF BALTIMORE F 02789

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hodpital St., 10-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Wm. Biggins

(a) Residence: No. 1059 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good Will Industries

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wm. Biggins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Miller

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Francis Richardson (Cousin)

(Address) 236 N. Fulton Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 7/3 34

UNDERTAKER William Crook

(Address) 124 St Paul St.

FILED 7-2-1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.15 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	
(History of previous hemiplegia)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 508 E Lexington

M. D. B. 1268-9

F 02790

02790 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 29-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME. Arthur S. Heink

(a) Residence: No. 4907 York Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Campbell Heink

7. DATE OF BIRTH (month, day, year) February 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Steward

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. Seaman 6th

10. Date deceased last worked at this occupation (month and year) 2-9-34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) LaRheime Belgium

MOTHER'S FATHER

13. NAME August Heink

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ernestine Roessner

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 3rd 1934

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED ..... 19..... Registrar

7-3-1934 Interment Permit Issued

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1934, to June 30, 1934

I last saw him alive on June 30, 1934. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, with cardiac enlargement	undet.

Other contributory causes of importance:

Obesity	

Name of operation Paracentesis & Thoracentesis 6/15/34 5/28-31/34

What test confirmed diagnosis? Clinical & lab. findings Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) G Abbott M. D.

(Address) U.S. Marine Hospital, Balto. Md.

D. P. 1268-9

02791 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02791

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 8-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry McCubbin

(a) Residence: No. 2432 E. Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Priscilla McCubbin

7. DATE OF BIRTH (month, day, year) March 28, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corporation

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

13. NAME Leonidus McCubbin

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

15. MAIDEN NAME Catherine Wood

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Records Balto City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Date July 3rd, 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED July 5, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934 to July 1, 1934

I last saw him alive on July 1, 1934 Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	?
Gangrene, R. Leg, arteriosclerotic	1 mo

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magruder, M. D.

(Address) Balto City Hosp

F 02792

Zemft

F 02792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No. 3437

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Carl Zemft

(a) Residence: No. 715 McCabe St St., Ward. Balto, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Mrs Lewis C. Zemph (Ella C. Bayne)

DATE OF BIRTH (month, day, year) Feb 2, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'S

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Timonium, Md

13. NAME Peter L Zemph

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Christina Wykoff

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 7-3 . 19 37

19. UNDERTAKER Robert Brooks & Son
(Address) Baltimore & Pulaski sts

FILED 7-2 . 19 37 Registrar.

Interment Mt Olivet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th . 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 . 1934. to June 30 . 1934.

I last saw him alive on June 30 . 1934. Death is said to have occurred on the date stated above at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset Jan 27, 34
Pulmonary embolism
Myocardial failure

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? electrocardiograph Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Richard Vance, M. D.

(Address) Union Memorial Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02795

CERTIFICATE OF DEATH

179

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1936 O'Donnell St. St., 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Meyer

(a) Residence: No. 1936 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of George A Meyer

6. DATE OF BIRTH (month, day, year) Oct 12 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	—	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Compost Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER William E McKenna

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Viola A Robinson

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT William McKenna

(Address) 705 Linwood Ave

BURIAL, CREMATION OR REMOVAL Loudon Park July 3 1934

(Place) (Date)

UNDERTAKER Calvert W Berry Jr

(Address) 4402 Gatchell Ave

7-2-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 12.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance: Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J J Kerrigan MD M. D.

Coroner

(Address) 1300 N Fulton Ave

Spec.—9-30—A. & Co.—250 Bks

02794 F 02794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. I724 Aliceanna St. St. 2-01 WARD)

2 FULL NAME Maryanna Lipinski

(a) RESIDENCE NO I724 Aliceanna St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Lipinski

7 DATE OF BIRTH (month, day, and year) Dec. 9, 1856.

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	78	6	21	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Posen, Poland.

11 NAME OF FATHER Stanislaus Urbanowski

12 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

15 Informant Frances Matuczinski
(Address) 1432 Avondale Ave, Toledo, Ohio.

16 Filed 7-2 1934 Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 34

17 I HEREBY CERTIFY, That I attended deceased from May 1 1934 to June 30 1934.

That I last saw h[illegible] alive on June 30 1934

and that death occurred, on the date stated above, at 7.55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William P. Daniel M. D.

7-1-34 (Address) 804 E Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: St. Stanislaus Cem. DATE OF BURIAL: July 3 1934.

20 UNDERTAKER: M. F. Sadowski ADDRESS: 1740 Eastern Ave

02795 STATE OF MARYLAND—CERTIFICATE OF DEATH 02785

1. PLACE OF DEATH

Registration Dist. No. 82-002

County [redacted] 6114 Biltmore Ave No. St, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Moton

(a) Residence No. 715 N. Carey St. 16 Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

If married, widowed or divorced, HUSBAND of (or) WIFE of: John Moton

DATE OF BIRTH (month, day, and year): Feb. 28- 1853

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	4	1	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: 0'

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middlesex Co Va (State or country)

13. NAME Ellen Lewis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Minnie Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Agnes Clarke

(Address) 1435 N. Fremont

18. BURIAL, CREMATION OR REMOVAL Place Mt Calvary Date Aug 2, 1934

19. UNDERTAKER Sam'l W Chase Wm

(Address) 638 N. Eutaw

20. FILED [illegible] 19 [illegible] Registrar.

1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 29 (Month) (Day) 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934, to June 29, 1934; I last saw h[illegible] alive on June 29, 1934; death is said to have occurred on the date stated above, at 1 04 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heat prostration	
Senility	
Cerebral embolism ?	

Other Contributory Causes of importance.

Neme of operation — Date of

What test confirmed diagnosis? N — Was there an autopsy? N

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? [illegible] (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bernard Cohen M. D.

(Address) Mendenhall Apts

Co. 02786 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 02786

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N Bracker St. 16-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter A. Braten

(a) Residence: No. 918 N Bracker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year) Feb 10 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year) June 1934
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bulfish College Va.
13. NAME Nathan Braten
14. BIRTHPLACE (city or town) (State or country) Not known
15. MAIDEN NAME Laura Adrent
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT (Address) Mrs. Ella B. Delaney 918 N Bracker St
18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvary Date July 2 1934
19. UNDERTAKER (Address) Sam'l H. Edselstein 636 N. Gilmor

FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28th 1934 to June 30th 1934
I last saw him alive on June 30th 1934 death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/30/34

Other contributory causes of importance: Heart

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Bell M.D.
(Address) 713 N. Gilmor St.

F 02797 F 02787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. So. Balto. Genl. Hosp St. 70 Ward)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Clark

(a) Residence: No. 17 S. Monastery Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of Mary L. Clark

DATE OF BIRTH (month, day, year) June 29-1904

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
29	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur for B
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Fames E. Clark

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Rena Hart

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Mary L Clark
(Address) 17 So. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7-1-34 19

19. UNDERTAKER John J. Govan & Son
(Address) 1 E. Preston St

FILED JUL 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934 to June 30, 1934
I last saw him alive on June 30, 1934. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer	6/27/34
Peritonitis	6/27/34

Other contributory causes of importance:

Name of operation gastroenterostomy Date of operation 6/28/34
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. M. L. Currie, M. D.
(Address) So. Balto. Genl. Hosp.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2798 — 2798

CERTIFICATE OF DEATH

√23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 18-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Johnson

(a) Residence: No. 856 W. Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Johnson

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga ?

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Liza Johnson (Address) 221 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date July 2, 1934

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED JUL 2 - 1934 Eastern Pub. Co., N. Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	6/25/34
Other contributory causes of Importance:	
Syncope - respiratory - vaso motor collapse	6/25/34

Name of operation Colostomy Date of 6/25/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Fellers Coroner M. D.

(Address) 2739 Eastern Ave.

L. D. P. 1265-9

2799

F 02799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Williams

(a) Residence: No. 10 N. Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Williams

DATE OF BIRTH (month, day, year): ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	(7)		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Eliza Mussen

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Balto. City Hospt

(Address): Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 4, 1934

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

FILED 2 - 1934 Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-21-, 1934 to 6-30, 1934 last saw her alive on 6-30, 1934 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix — Date of onset: ?

Other contributory causes of importance: none

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Baum M. D.

(Address) Balto City Hosp

H. D. P. 1258-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02800

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Forest Pk. Ave St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Morris E. Selenkow

(a) Residence: No. 3411 Forest Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose

7. DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joshia

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Date 7/2/34 19

19. UNDERTAKER Jacob Deutsch Inc.

(Address) 1700 Eutaw Place

20. FILED JUL 2 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11 1934 to June 30 1934

I last saw him alive on June 30 1934 Death is said to have occurred on the date stated above, at 10:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	Oct 15 1933
Arteriosclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob Deutsch M. D.

(Address) 1700 Eutaw Place

I. D. P. 12689

HEALTH DEPARTMENT—CITY OF BALTIMORE 02801

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Schneider

(a) Residence: No. 3800 Cottage Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of Rachael

DATE OF BIRTH (month, day, year) 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Joseph Russia

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodeph Date July 3 1934

19. UNDERTAKER Jack Levin Inc. 1438 E Baltimore St.
(Address)

20. FILED Huntington Nitkin, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28 1934 to July 2 1934

I last saw him alive on July 1, 1934 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis — Date of onset
Cardiac Hypertrophy & Dilatation
Cardiac Insufficiency
Broncho Pneumonia
(Type undetermined)

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chester Hightstem M. D.

(Address) Sinai Hosp

17-1934

D. B 1268-P

F 02802

F 02802 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., H-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Herbert Lang

(a) Residence: No. 3 S. Frederick St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
about 39			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 2 19 54

UNDERTAKER (Address)

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 19 54

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James A. Hanlon, Jr. M. D.
Coroner

(Address) Fort Chas St

D. H. 1268-9

F 02803

2803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ( ) Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Catherina Krebe

(a) Residence: No. Parkton, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 2, 19..

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary	
Broncho-pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Feller, M. D.
Coroner

(Address) 1729 Eastern Ave.

MPH 0518

AACo. 5-11 2508

02804

02804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1930 W. Pratt St. 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Wiseman

(a) Residence: No. 1930 W. Pratt St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John R. Wiseman

7. DATE OF BIRTH (month, day, year): June 12 1875

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Miller

14. BIRTHPLACE (city or town) (State or country): France

15. MAIDEN NAME: Cook

16. BIRTHPLACE (city or town) (State or country): Germany

17. INTERMENT: Irvin J. Pfeiffer

(Address) 1930 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date July 4, 1934

19. UNDERTAKER: George L. Lehnert

(Address) 2101 Pennsylvania Ave.

20. FILED July 5 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to July 1 1934

I last saw her alive on July 1 1934 death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Cerebral hemorrhage	6/20/34

Other contributory causes of importance:

Arterial sclerosis
Hypertension

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cerbin M. D.

(Address) 2105 N. Balto

D. B. 1268-9

Graw

F 02805

02805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Graw

(a) Residence: No. 3174 Ravenwood Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) JANUARY 1, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7 6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CONDUCTOR 0/8
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STREET RAILWAY
10. Date deceased last worked at this occupation (month and year) JUNE 1934
11. Total time (years) spent in this occupation 25 YRS

12. BIRTHPLACE (city or town) (State or country) YORK Pa

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT Edmund C. Graw - SON
(Address) 3174 RAVENWOOD AVE

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 5 1934

19. UNDERTAKER Jos. J. Fox & Son
(Address) 1911 Pat & Superior Sts

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30 1934 to July 2 1934.
I last saw him alive on July 2 1934 Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Mueller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. F. 1268-8

F 02806

02806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 E Chase St. 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Kramer

(a) Residence: No. 2328 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: August E. Kramer

6b. DATE OF BIRTH (month, day, year): May 26, 1858

7. AGE: Years 76 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Frank Hoffman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Barbara Snyder

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John A. Hoffman
(Address): 2328 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL: Place Mount Olivet Date 7/3, 1934

19. UNDERTAKER: Wm. Cook
(Address): 1247 E. Fayette St

20. FILED: Huntington Ave. Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to July 1, 1934, that I last saw her alive on July 1, 1934. Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Other contributory causes of importance:	
Bronchial Pneumonia	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Angel Lattanzi M. D.

(Address) 1302 E. Chase

M. D. B 1268-9

F 02807

02807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 N. Luzerne Ave (Ward) 61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Jennie L. Thiat

(a) Residence: No. 505 N Luzerne Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bernard A. Thiat

6. DATE OF BIRTH (month, day, year): July 17 1880

7. AGE — Years: 53 | Months: 11 | Days: 14 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

13. NAME OF FATHER: John Linnn

14. BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Mary Cunningstone

16. BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

17. INFORMANT: Margaret Behnken

(Address) 505 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Cahurch Date 4/3 1934

19. UNDERTAKER: J. H. Cook

(Address) 1247 W Pratt St

20. FILED: Huntington Wills ... Registrar

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1934

I HEREBY CERTIFY, That I attended deceased from May 4, 1933 to July 1, 1933

I last saw her alive on June 1, 1933 Death is said to have occurred on the date stated above, 8:34 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Heart Disease

Hemiplegia (left side)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1247 W Pratt St.

D. B 1268-9

F 02808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Ag Hospital St 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Doris [illegible]
(a) Residence: No. 1716 No. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Thomas Moore
14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland
15. MAIDEN NAME Florence Atkinson
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
INFORMANT Edith L. Malone
(Address) 1315 N Eutaw pl.
BURIAL, CREMATION, OR REMOVAL Date 7/3 34
PLACE London Park
UNDERTAKER Wm Kerr Sons
(Address) 1212 Pennsylvania Ave

1934 Huntington, W.Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h alive on June 29 1934 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	June 25 1934
Other contributory causes of importance: Cerebral hemorrhage	

Name of operation Date of
What test confirmed diagnosis? Inquest Was there an autopsy? No.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) J. H. L. Valentine M. D.
Coroner
(Address) 16 Lovell Building

D. B. 1265-9

02809 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 02809

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1819 E. Chase St., 8-01 Ward)

(Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Brosh

(a) Residence: No. 1819 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Brosh

DATE OF BIRTH (month, day, year) Feb 2, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper 1934

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year) July 2, 1934

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Unknown Austria

13. NAME OF FATHER Frank Brosh

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Josephine Brosh

(Address) 1819 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 4, 1934

19. UNDERTAKER Frank Cyclet Son

(Address) 1906 Aisquith

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to July 2, 1934

I last saw h[illegible] alive on July 2, 1934. Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 2, 1934
Hypertensive Cardio Vascular disease	1932 & 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Karl Hagman M. D.

(Address) 2203 E. Lanvale St.

M. D. B. 1268-9

F 02810

02810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 E. 22nd St. S. 17-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPHINE A. BACON.

(a) Residence: No. 212 E. 22nd, St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Bacon

6. DATE OF BIRTH (month, day, year) July 19th, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Philip Gapitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Pfeister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. A. Bacon

(Address) 212 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date July 4 1934

19. UNDERTAKER Chas. P. Straub & Son

(Address) Woodbourne Lane

20. [illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5 1934 to July 1 1934

I last saw her alive on June 30 1934 Death is said to have occurred on the date stated above, at 5.32 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	6/5/34

Other contributory causes of importance:

Pulmonary embolus	7/1/34

Name of operation Laparotomy Date of 6/12/34

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. A. Hayden M. D.

(Address) 1517 E. North Ave.

H. D. P. 1268-9

F 02811

02811 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 13 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie D Sawyer
(a) Residence: No. c/o W. J Baker, St., ... Ward Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stephen L. Sawyer
DATE OF BIRTH (month, day, year) 3/12/58

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa
13. NAME of Father J M Drake
14. BIRTHPLACE (city or town) (State or country) Ill
15. MAIDEN NAME of Mother Mary Land
16. BIRTHPLACE (city or town) (State or country) Canada
17. INFORMANT Records (Address) Johns Hopkins Hospital
18. BURIAL, CREMATION, OR REMOVAL Lauriston Downs July 3 1934
19. UNDERTAKER John C Mitchell & Sons (Address) 1900 Eastern Place
20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) July 2 1934
22. I HEREBY CERTIFY, That I attended deceased from June 11 1934 to July 2 1934
I last saw her alive on July 2 1934. Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	Jan 34
Broncho-pneumonia	6/30/34
Myocardial Insufficiency	?
Other contributory causes of importance: Arteriosclerosis.	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Herbert Eichert M. D.
(Address) Johns Hopkins Hospital

F. D. B. 1268-9

F 02812

2812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Cliftmont ave St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Kamphaus

(a) Residence: No. 802 N Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta Kamphaus

DATE OF BIRTH (month, day, year) 12.27.1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	6	3	4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Kamphaus

(Address) 802 N Milton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date July 3 1934

19. UNDERTAKER John Uderick

(Address) 2008 Allendale

19. FILED 1934 July 3 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to July 1 1934

Last saw h— alive on July 1 1934 4.25 pm Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1603 E Broadway

M. D. R. 1268-9

F 02813

02813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 The Alameda St., 9-01 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Stockdale

(a) Residence: No. 2900 The Alameda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stockdale

6. DATE OF BIRTH (month, day, year) 2/5.1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie M Miller
(Address) 2900 The Alameda

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery July 3 1934

19. UNDERTAKER John Ulrich & Bro
(Address) 220 E Biddle St

Filed July 3, 1934 A. L. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.30 /1934, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1929 to June 30, 1934

I last saw h[illegible] alive on June 30, 1934 Death is said to have occurred on the date stated above, at 3 a m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease	June 1929
Other contributory causes of importance: Cystoplexia (Central Hemorrhage)	June 28 1934

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Edmunds M. D.

(Address) 2746 Alameda Blvd

1934

F 02814

M. D. B. 1268-9

02814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 E Preston St., 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Schaeffer

(a) Residence: No. 2015 E Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of D. J. Schaeffer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt.	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER OR FATHER

13. NAME John Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT D J Schaeffer

(Address) 2015 E. Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/3 34

19. UNDERTAKER F. J. Flaherty & Son

(Address) 1318 Light St

20. Filed JUL 3 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1933 to June 30, 1934

I last saw h.. alive on June 30, 1934. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	July 1933
Metastasis to Lung and Bone	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank Ayd M. D.

(Address) 2005 E. Monument St.

1934

M. D. B. 1268-9

F 02815

02815 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 34

1. PLACE OF DEATH

Registered No. 76-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael E. Ritter

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 27, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George J Ritter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Geisler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Cemetery June 2, 1934

19. UNDERTAKER Hallgarth & Schaffer
(Address) 5 E. Lexington St

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1930, to June 30, 1934

I last saw him alive on June 30, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, syphilitic aortic insufficiency	4 years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phagil, M. D.

(Address) Balt. City Hosp.

Spec.—8-16-29—L. F. S.—100 Blks.

F 02816

F 02816

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2605 James ST. 25th WARD)

2—FULL NAME Susanna Cecelia Hartman

(a) RESIDENCE NO. 2605 James ST., 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 1 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widow.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late George Hartman

DATE OF BIRTH (month, day, and year) May 15, 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Timothy H. Pennington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catharine E. Tice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Martha Winter

(Address) 2605 James St.

7-11-1934 Filed Huntington Village, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1934

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1934, to July 1, 1934, that I last saw her alive on July 1st, 1934, and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) H. Hammond Wheeler, M. D.

7/11/1934 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	7/10/34

20 UNDERTAKER Geo. H. Lemmink Lyndhurst

M. D. F. 1268-9

02817 F 02817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Berg (Burg)

(a) Residence: No. Town St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1857 ?

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 4 37

19. UNDERTAKER Tilley & Bielitzki Inc
(Address) 483 E Pratt St.

20. FILED 19 Registrar.

7-4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937 to July 2, 1937

I last saw h alive on July 2, 1937 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocardial Insufficiency	? ?

Other contributory causes of importance:

Bilateral Cataracts	1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. Magee M. D.

(Address) Balt City Hosp

Spec—9-30—A & Co—250 Blks

F 02818

02818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 6-01 WARD)

2. FULL NAME Bernhard Goetzinger

(a) RESIDENCE NO. 1806 Snyder Ave St. WARD Dundalk, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. B. Goetzinger

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John August Goetzinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Miss Amy Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) John Rudd Son-in-Law. 1806 Snyder Ave. Dundalk

15 Filed 1934 Huntington Williams, N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/1/34

17 I HEREBY CERTIFY, That I attended deceased from May 15 1934 to July 1 1934

that I last saw him alive on July 1 1934

and that death occurred, on the date stated above, at 7:50 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesophagus near Cardiac End

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 27, 1934

Was there an autopsy? Yes

What test confirmed diagnosis? Operation + Autopsy

(Signed) Richard J. Hauver M. D.

19 (Address) C/Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: July 5 1934

20 UNDERTAKER: Lilly & Zuber Bde. — ADDRESS: 403 D. Wolfe

F 02819

H. D. B. 1789-9

02819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S Castle St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Gerstbrich

(a) Residence: No. 308 S Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Gerstbrich

7. DATE OF BIRTH (month, day, year) Mar 22 /82

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	52	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6th

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Anthony Gerstbrich

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Gerstbrich wife
(Address) 308 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 3rd, 1934

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S Fulton Ave.

20. Filed 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h— alive on , 19 . Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Alcoholism

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Hergog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

D B 1868-0

F 02820

02820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Gullions King

(a) Residence: No. 812 N Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — Frank Gullions

DATE OF BIRTH (month, day, year) Sept 21 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Gullions

(Address) 812 N Mount street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date July 3 1934

19. UNDERTAKER Joseph G Hughes

(Address) 1001 N. Mount Street

20. FILED

Registrar.

2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from — , 19 , to — , 19 .

I last saw h— alive on — , 19 . Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arterial Hypertension	

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Ritzmann M. D.

Coroner

(Address) 1201 N Eutaw Place

F 02821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02821

CERTIFICATE OF DEATH

X 79-001

Registered No.

1. PLACE OF DEATH.
CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. St., 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ida Schillinger - Hansel

(a) Residence: No. Chase, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 28, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgewood, Md.

13. NAME of Hansel Schillinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Trinity Lutheran Date July 5 1934

19. UNDERTAKER H. M. Eggers
(Address) Abingdon Md

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934 to July 2, 1934
I last saw her alive on July 2, 1934 Death is said to have occurred on the date stated above, at 5:30 - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic meningitis	June 28, 1934

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Spinal fluid culture. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. Taylor M. D.
(Address) Bon Secours Hospital

M. & B. F 02822

✓F 02822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Hospital for Women of Maryland

CITY OF BALTIMORE: (No. Lafayette & John St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anne Davidson

(a) Residence: No. 218 Laurens St., Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin R. Davidson.

6. DATE OF BIRTH (month, day, year) Sept. 3, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co., Maryland.

FATHER

13. NAME James Alexis Iglehart.

14. BIRTHPLACE (city or town) (State or country) Ann Arundel Co. Maryland.

MOTHER

15. MAIDEN NAME Maria Deborah Welsh

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co., Maryland.

17. INFORMANT Mr. Thomas Davidson.
(Address) 218 Laurens St.,

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem. Annapolis Date July 3 1934

19. UNDERTAKER Henry W. Meads & Son.
(Address) 805 N. Calvert St.,

20. [illegible] Registrar.

J0123

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to July 2, 1934

I last saw her alive on July 2, 1934. Death is said to have occurred on the date stated above, at 11 20/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis	6/29/34
Other contributory causes of importance:	
Generalized peritonitis	6/30/34
Arteriosclerosis	

Name of operation Appendectomy & Drainage Date of 6/30/34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Hospital for Women of Md. Baltimore, Md.

F 02823

F 02823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 20-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Wilkens Ave. St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Lukenich

(a) Residence: No. 2136 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lukenich

6. DATE OF BIRTH (month, day, year) Sept. 29, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME George Lukenich

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Catherine Lukenich
(Address) 2136 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 3/34

19. UNDERTAKER Harry F. Weitzel
(Address) 2101 Edmondson Ave.

20. FILED 7-3-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to June 30 1934 last saw him alive on 6/30 1934 Death is said to have occurred on the date stated above, at 8:20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 yrs
Other contributory causes of importance: acute cardiac dilatation	1 day

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Benjamin Weltfisch M. D.

(Address) 1830 Wilkens ave

M. D. B. F 02824

F 02824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2101 E. Federal St. St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Snyder

(a) Residence: No. 2101 E. Federal St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late George Snyder

7. DATE OF BIRTH (month, day, year) May 25, 1863.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm. Lichtenberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Snyder

(Address) 2101 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 3, 1934.

19. UNDERTAKER Harry F. Quirk

(Address) 4101 Edmondson Ave.

20. FILED JUL 3 1934, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to June 30, 1934

I last saw h.. alive on June 30, 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/30/34
Other contributory causes of importance: Cerebral Sclerosis 2 by Inclusion	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Cahn M. D.

(Address) 2145 N Balto St

Spec. 3-17-26—A Co.—200 Bks.

F 02825

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02825

CERTIFICATE OF DEATH

REGISTERED NO. 106

1-PLACE OF DEATH

City of BALTIMORE: (No.) 512 S. Paca St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Schaffle

(a) RESIDENCE NO. 512 S. Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie M. Schaffle

6 DATE OF BIRTH (month, day, and year): Nov 11 1861

7 AGE — Years: 72 Months: 7 Days: 20

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marble Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town): Balto (State or country): Md

PARENTS

10 NAME OF FATHER: Ernest Schaffle

11 BIRTHPLACE OF FATHER (City or town): (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): (State or country): Unknown

14 Informant (Address): Mrs Annie M. Schaffle 512 S. Paca St

15 FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1st 1934

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1934, to July 1, 1934, that I last saw h[illegible] alive on June 30, 1934 and that death occurred, on the date stated above, at 6 00 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY Chronic Valvular Heart Disease

(Secondary)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. L. Meadowcroft M. D.

7/2, 1934 (Address) 64 W. Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — Date of Burial: July 3rd 1934

20 UNDERTAKER: W. J. Cook — ADDRESS: 1217 E. Baltimore St

JUL 3 - 1934

M. H. B. 1268-9

F 02826 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02826

CERTIFICATE OF DEATH

94502

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3108 Fremont Ave. (St.) 27-01 (Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E Ringgold

(a) Residence: No. 3108 Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E Ringgold

6. DATE OF BIRTH (month, day, year) Jan 28, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Frederick Ringgold

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mary E Ringgold 3108 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 3rd 1934

19. UNDERTAKER Wm Cook (Address) 1217 W Fayette St

20. FILED July 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1934 to July 1st 1934

I last saw h alive on June 30th 1934 Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	7-1-34
3 Hours Acute.	6-16-34

Other contributory causes of importance:

Arteriosclerosis (moderate)	3

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H McGee M. D.

(Address) 28 W 25th St

M. D. F. 1268-9

✓ F 02827

F 02827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 Mt Holly St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel McElroy

(a) Residence: No. 2145 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Annie McElroy

6. DATE OF BIRTH (month, day, year) Feb 25 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Car Inspector 73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John McElroy

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Nancy McCracken

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Mrs R. Mason

(Address) 2135 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Black Rock Baltimore Md Date July 4 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 Williamsport, Md.

3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1933 to July 1 1934

I last saw him alive on July 1 1934 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 1-15-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Davies M. D.

(Address) 800 W 33rd St.

F. FB. 02828

F 02828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. 16-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Barnes

(a) Residence: No. Aged men + women Home St. Ward. colored

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

13. NAME John Barnes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rev. C. H. Tiggs

(Address) 822 N. Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 7/3/ 1934

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 7-3-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3 1934 to July 1 1934

That saw h alive on July 1 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?

Other contributory causes of importance:

Old age	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Heatley M. D.

(Address) 1200 S. Hilton

M. D. B. 1268-9

F 02829

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02829

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 401 Perry St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Butler

(a) Residence: No. 401 Perry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Johns Hopkins Hospital

FATHER

13. NAME Henry Patton

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Elizabeth Butler (Address) 401 Perry St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date July 4 1934

19. UNDERTAKER Clash & Sadtler (Address) 1536 W. Baltimore St

20. FILED July 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to July 1 1934

I last saw h alive on July 1 1934 Death is said to have occurred on the date stated above, at 5:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 27

Other contributory causes of importance:

Toxemia

Name of operation ... Date of ...

What test confirmed diagnosis? Physical sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of Injury ... ; 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. G. Tompkins M. D.

(Address) 501 St Hamburg St

M. D. H. 1268-9

F 02830

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02830

95-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 29 yrs. ..... mos. ..... ds.

2. FULL NAME Annie Shulman

(a) Residence: No. 706 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sylvia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Where Herring Run Date 7/3/34 19

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Baltimore St.

JUL 3 - 1934 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934, to July 2, 1934

I last saw her alive on July 2, 1934 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Disease	
Cardiac Hypertrophy & Dilatation	
Broncho-Pneumonia	
(type undetermined)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Gustav Hightstein M. D.

(Address) Sinai Hospital.

H. D. B 1268-9

F 02831 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02831

CERTIFICATE OF DEATH

37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 14-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Humphries Scott

(a) Residence: No. 430 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin Scott

7. DATE OF BIRTH (month, day, year) June 28/1894

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert M. Humphries

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lelia Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Leila Gough

(Address) 430 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 4 1934

19. UNDERTAKER Lynn F. Chase & Son

(Address) 638 N. Gilmor

20. FILED _____, 19____ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h___ alive on _____, 19____ Death is said to have occurred on the date stated above, at 3.15 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchitis
Pulmonary Odema (both)
Cardiac Valvular thickening

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

Coroner

(Address) 5086 Penna Ave

M F 02832 ✓ F 02832

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Southern Ave. St., 21-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MARY HARRER

(a) Residence: No. 3203 Southern Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Harrer

6. DATE OF BIRTH (month, day, year) June 11, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Reges

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry Harrer (Son)

(Address) 3203 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date July 7, 1934

(Place)

HENRY SANDER & SONS, INC. Henry J. Sander.

19. UNDERTAKER (Address) Baltimore & Broadway.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to July 1, 1934

I last saw h alive on June 29, 1934 Death is said to have occurred on the date stated above, at 3.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	7/1/34

Other contributory causes of importance:

hypertension heart
exhaustion
chr. myocarditis

Name of operation None Date of

What test confirmed diagnosis? physical findings Was there an Autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Dobstad M. D.

(Address) 447 N. Kenwood Ave.

M. D. F 02833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02833

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Belair Road St., 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 68 yrs. mos. ds.

2. FULL NAME Carolina Sonntag

(a) Residence: No. 4300 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George G. Sonntag

6. DATE OF BIRTH (month, day, year) July 18, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Johann Baark

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elise Wehrt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gustav Sonntag
(Address) 4300 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Date July 4, 1934
(Place)

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway

20. FILED JUL 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to July 1, 1934
I last saw her alive on July 1, 1934. Death is said to have occurred on the date stated above, at 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	3 yrs
Uremia	1 wk

Other contributory causes of importance:

Arteriosclerosis	?
Senility	?

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

F 02834

F 02834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B Brown

(a) Residence: No. 1016 Union Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Brown

7. DATE OF BIRTH (month, day, year) June 23, 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Loutta Stuke

(Address) 1016 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 5, 1934

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Edmondson Ave.

20. FILED 7-3-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-29, 1934 to 7-3, 1934

I last saw h alive on 7-2, 1934 Death is said to have occurred on the date stated above, at 1:40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 years
Pneumonia	3 Days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R H Carr Jr M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

F 02835

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 02835

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Curtis Creek. St., 13-01 Ward)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley L. Price.

(a) Residence: No. 726 Singer Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) November 19, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6 7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Price.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Margaret Williams.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Margaret Meyer. (mother)

(Address) 726 Singer Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt Pleasant Cemetery Date July 3, 1934

19. UNDERTAKER Thenobles Bowie

(Address) 06 15-17 Chestnut Ave

FILED JUL 5 - 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
While in swimming.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/30/34

Where did injury occur? Curtis Creek.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Drowning.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) H. M. Reinhardt, M. D. Coroner

7/2/34 (Address) 1017 N. Charles St.

M. D. F. 1268-9

F 02836 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02836

CERTIFICATE OF DEATH 34

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. St. 21-61 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary ~~Dauman~~ E. DAUMAN

(a) Residence: No. 503 Decker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND (or) WIFE of W. E. Dauman

6b. DATE OF BIRTH (month, day, year) May 28, 1892

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Hoffman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Burton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 4, 1934

19. UNDERTAKER Mrs. Mrs. John W. Riefle & Son
(Address) 801 W. Fayette St.

20. FILED 7-3-1934 Washington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934 to July 1, 1934

I last saw h[illegible] alive on July 1, 1934 Death is said to have occurred on the date stated above at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cystitis (Chronic) Duration

Other contributory causes of importance: Nephritis - Chronic Interstitial 6/21/34

Name of operation Catheterizing Date of operation 6/23/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. R. Burruss M. D.

(Address) Balto City Hosp.

H. D. P. 1268-9

F 02837

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02837

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 8 Clinton St. St., 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Taranosky

(a) Residence: No. 3225 Elliott St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced ——
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 14 1916

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	17	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

13. NAME Jacob Taranosky

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Francis Tkallick

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Frances Taranoaski
(Address) 3225 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 4th 1934

19. UNDERTAKER Leo G. Lynch
(Address) 1723 N Patterson Park Ave

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned	
Other contributory causes of importance:	

Name of operation ..... Date of No

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 6/30 1934

Where did injury occur? Pier 8 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Ethanol

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Negus M. D. Coroner

(Address) 1305 N Calhoun St

H. D. B. 1268-9

F 02838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Stanton

(a) Residence: No. 4 N. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of John I. Stanton

7. DATE OF BIRTH (month, day, year) Jan 4/1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	27 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Patrick Mulâaney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Mcavala

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Anita Stanton
(Address) 4 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 7/5/34 19

19. UNDERTAKER John L. Thayer.
(Address) 5000 E Baltimore

FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia (Entered in Coma)	

Other contributory causes of importance:

Possible Heat Prostation	
Sun Stroke	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.

(Address) 5086 Norwood

F 02839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02839

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 W 24th St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Page

(a) Residence: No. 203 W. 24th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 27 Nov. 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	7	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Keeper

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Eutius D Page

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Wood

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Julia Brown

(Address) 203 W. 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date July 5 1934

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman St

20. FILED JUL 3 - 1934 Thos. E. Kelson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14 1934 to July 1 1934

I last saw him alive on June 30 1934. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Pharynx	about 6 mos ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. Mayfield Boyle, M. D.

(Address) 1 N. Eutaw St.

F 02840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Providence Hosp St., 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jarrett Harris.

(a) Residence: No. 1612 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): Nov 24 1905
8. AGE: Years 28 | Months 27 7 | Days 6 | If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 037
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
11. Date deceased last worked at this occupation (month and year):
12. Total time (years) spent in this occupation: 20
13. BIRTHPLACE (city or town) (State or country): Va
14. NAME OF FATHER: Henry Harris
15. BIRTHPLACE (city or town) (State or country): Va
16. MAIDEN NAME OF MOTHER: Sallie Wicks
17. BIRTHPLACE (city or town) (State or country): Va
18. INFORMANT (Address): Rebecca Watkins 1512 School
19. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cemetery Date July 3 19 34
20. UNDERTAKER (Address): Thomas E. Relson 1303 Preastman st.

FILED July 3 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30th 1934
22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Hemorrhage due to Stab Wound of heart	

Other contributory causes of importance:

Name of operation: Regular Date of: No
What test confirmed diagnosis: ... an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury June 30 19 34
Where did injury occur? 1600 Block Vincent (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Stab
Nature of injury Pocket Knife

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Leon Cordova M. D. Coroner
(Address)

M. D. B. 1268-9

F 02841

02841 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 27-01 Ward)

Length of residence in city or town where death occurred 8 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Scanlon

(a) Residence: No. 108 W. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jno. F. Scanlon

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Jos. Bryce

16. BIRTHPLACE (city or town) (State or country) Phila. Pa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 4. 1934

19. UNDERTAKER Margaret H. Fegan
(Address) 1422 Light St.

20) FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to July 2, 1934
I last saw her alive on July 2, 1934. Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma Rt Breast with Metastasis	2 yrs
Other contributory causes of importance: Diabetes	?

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Duncan P. Alexander M. D.

(Address) 3326 Fredericks Ave

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02842

CERTIFICATE OF DEATH

F 02842

6-01 186-001

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John s Hopkin s Hosp. St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mary M. Poggi

(a) Residence: No. 111 N. Patterson Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tony Poggi

DATE OF BIRTH (month, day, year) May 4/1893

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Frank Delgrosso

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Wilhelmena Delgrosso

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Tony Poggi (Husband)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 4/34

19. UNDERTAKER E. Miller & Son
(Address) 2334 Jefferson St.

20. FILED ..... 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intraabdominal Hemorrhage	6/30/34
Ruptured pregnant uterus (full term)	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/30/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Slipped from steps of home

Nature of injury & fell to ground.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 508 E. [illegible]

02843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 N. 27th St. (Ward) 12-01

Length of residence in city or town where death occurred 84 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Hamilton

(a) Residence: No. 506 N. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander F. Hamilton

6. DATE OF BIRTH (month, day, year) March 6-1850

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Samuel A. Stevens

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Eva L. Hubbard

(Address) 506 N. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 4- 1934

19. UNDERTAKER Horace G. Burgee

(Address) 3621 Falls Road

Huntington Williams

FILED

UL3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3. 1934 to July 2. 1934 I last saw her alive on July 2. 1934 Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	Bulb

Other contributory causes of importance:

Arterio Sclerosis & Chronic Nephritis Medy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what work

(Signature) H. E. Clark M.D.

(Address) 1142 W. 25 St

M. D. B. 1268-9

F 02844

02844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Woodbrook ave St. 13-01 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elorene H Seaton

(a) Residence: No. 2608 Woodbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Addie M Seaton

6. DATE OF BIRTH (month, day, year) Aug 16 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	11 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyst

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Seaton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Seaton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Addie M Seaton
(Address) 2608 Woodbrook

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 5 1934

19. UNDERTAKER Enoch Lipsitz
(Address) 1600 W Baltimore

20. FILED JUL 3 - 1934 by Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to July 2 1934
I last saw him alive on July 2 1934 Death is said to have occurred on the date stated above, at 1105 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal vascular	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred J Jewett M. D.

(Address) 2516 Penn. Ave

M. D. H. 1206

F 02845

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02845

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 St. Paul St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 76 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norma Elizabeth Kirk

(a) Residence: No. 2817 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 26 1858

7. AGE — Years: 76 | Months: 2 | Days: 6 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Kirk

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Elizabeth Switzer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Miss Lazine Kirk
(Address) 2817 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL: London Park Cemetery Date July 4 1934

19. UNDERTAKER: Chas. S. Black
(Address) 742 W. North Ave

20. FILED 7-3-1934 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10 1934 to July 2 1934

I last saw h[illegible] alive on July 1 1934 Death is said to have occurred on the date stated above, at 6-20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left sided Hemiplegia	June 10 34
Other contributory causes of importance: Arterio Sclerosis	Hyrs.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James C. Clarke, M. D.

(Address) Med. Art. Bldg

M. D. B 1268-9

F 02846

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02846

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 E. Biddle St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Morgan

(a) Residence: No. 729 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 20 1900

7. AGE: Years 33 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Midland, Md.

FATHER

13. NAME: Charles Morgan

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Elizabeth McWillard

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mary McKay 729 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cem. July 5, 1934

19. UNDERTAKER: Elmer W. Corkran (Address) 627 E. Eager St.

FILED 1934 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Valvular Insufficiency	
(History given of "leaky" heart)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Bacon M. D.

(Address) 5086 Northern

Spec.—9-30—A. & Co.—250 Bks

02847 F 02847

02847 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02847

CERTIFICATE OF DEATH

V 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 6-01 WARD)

2. FULL NAME Laura Alexander

(a) RESIDENCE NO. Church Home and Infirmary N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17, 1853.

7 AGE: Years 81; Months 4; Days 15; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: James Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Frances Stroud.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware

14 Informant (Address): Mr. Martin Rasmodel 2306 Elsinore Ave City

15 [illegible] 3-1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2/1934

17 I HEREBY CERTIFY, That I attended deceased from July, 1934, to July 2, 1934 that I last saw her alive on July 2, 1934 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Fracture femur, left

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Hiram H. Norwood M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cemetery — DATE OF BURIAL: July 3, 1934

20 UNDERTAKER: Geo. J. Kenworthy — ADDRESS: 1901 Eutaw Place

M. D. P. 1268-9

F 02848

02848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3-6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Kennedy

(a) Residence: No. 1119 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Welch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends

(Address) Back City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 7/3 '34

19. UNDERTAKER J. J. Fahey Son

(Address) 1318 Light St.

7-3-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to June 30, 1934

I last saw him alive on June 30, 1934 Death is said to have occurred on the date stated above, at 12-10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 Mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phagill M. D.

(Address) Back. City Hosp.

M. D. B. 1268-9

F 02849

02849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X √ 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-ol Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Parker

(a) Residence: No. Mercerville Road #3 St. ..... Ward. North Carolina

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8 - 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Charles Parker

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Nancy Lambert

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury N C Date 7/3/34

19. UNDERTAKER Joseph Sabens

(Address) 1 22 Bway

20. FILED ..... Registrar.

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1934 to 7-3 1934

I last saw him alive on 7-3 1934 Death is said to have occurred on the date stated above, at 9.10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1933

Other contributory causes of importance:

Name of operation Bx. Craniotomy Date of 7-3-34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimberly M. D.

(Address) The Johns Hopkins Hosp.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE F 92850

2850

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620? Blackburn Lane (Edgecroft) St. 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mansfield Hall Savory.

(a) Residence: No. 620 Blackburn Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Savory

6. DATE OF BIRTH (month, day, year) Oct 8 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Savory

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Stockton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Nellie Maddux
(Address) 620 Blackburn Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Co. Date July 4 19 34

19. UNDERTAKER Herbert Hahn
(Address) 1800 Broadway

3 JUL 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1928 to July 1, 1934

Last saw h[illegible] alive on July 1 1934 death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Chr Myocarditis	1928
Angina Pectoris	1928
Other contributory causes of importance:	
Angina Pectoris	1928

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. W. Bishop, M. D.

(Address) 501 Glendon Ave

M. D. B. 1268-9

F 02851

02851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1900 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Douglas Booth

(a) Residence: No. 1608 Millinan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Booth

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT Lucy Booth

(Address) 1608 Millinan St

18. BURIAL, CREMATION, OR REMOVAL

Place Bethany Cem Date July 7 1934

19. UNDERTAKER Robert W. Watkins

(Address) 1538 Eliza St

Date 1934 Hunter Williams, Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934 to July 3, 1934

I last saw him alive on July 3, 1934. Death is said to have occurred on the date stated above, at 3:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/28/34

Other contributory causes of importance:

Influenza Tonsilitis

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B 1268-9

F 02852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02852

CERTIFICATE OF DEATH

203

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-601 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Charles T. Ballard

(a) Residence: No. 636 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Ballard

6. DATE OF BIRTH (month, day, year) Dec 29-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42 43	1			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Manuf.

10. Date deceased last worked at this occupation (month, day, year) 6/12/37

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Samuel Ballard

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Callie Reno

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Samuel Ballard
(Address) 636 W. Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Date July 4 1937

19. UNDERTAKER Joseph A. Sweeney
(Address) 1038 N. Monroe St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1- 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall down Elevator shaft	6/12/37

Other contributory causes of importance:
Fracture - 2-3-4 lumbar Vertebra
Fracture tibia-fibula-right

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/12 1937

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell down Elevator shaft

Nature of injury Fractured Spine

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured at work

(Signed) Eugene Zellers M. D.
Coroner

(Address) 2239 Eastern Ave

M. D. B. 1268-9

F 02858 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02853

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Sargent St., 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN EIGENBRODT

(a) Residence: No. 1134 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Sophia Eigenbrodt

6. DATE OF BIRTH (month, day, year) MAY 22 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	1	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Captain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Eigenbrodt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophia Eigenbrodt
(Address) 1134 Sargent St.

18. BURIAL, CREMATION, OR REMOVAL Date 7/5/34
Loudenslx

19. UNDERTAKER Geo. H. Lembert & Son
(Address) 1134 Eastern Ave.

JUL 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20 1934 to July 2 1934

I last saw him alive on July 2 1934 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	7/1
Other contributory causes (importance): Chronic Cardio-Vascular Renal Disease	5 Years.

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify

(Signed) Joseph E. Lancaster M.D.

(Address) 699 Washington Blvd

H. D. B 1268-9

02854 HEALTH DEPARTMENT—CITY OF BALTIMORE 02854

CERTIFICATE OF DEATH

144-002

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital (Ward) 12-81
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Alexandra

(a) Residence: No. 628 W. Conway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Boss Alexandra
6. DATE OF BIRTH (month, day, year): Mar 19-1895
7. AGE: Years: 39; Months: 3; Days: 13; If LESS than 1 day, hrs. or min.:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

MOTHER

12. BIRTHPLACE (city or town) (State or country): S.C.
13. NAME: Peter Frey
14. BIRTHPLACE (city or town) (State or country): S.C.
15. MAIDEN NAME: Martha Heins
16. BIRTHPLACE (city or town) (State or country): S.C.

17. INFORMANT: Thos B. Alexandra
(Address) 628 W. Conway St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Auburn Date: July 6, 1934

19. UNDERTAKER: Joseph G. Lindy
(Address) 404 N Minnal Street

20. FILED ..... 19..... Registrar .....

DLA - 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-2-, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to premature separation of Placenta	7/1/34
Other contributory causes of importance: Shock	7/2/34

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Feller M. D.
(Address) 2759 Eastern Ave

M. D. R. 1268-9

F 02855 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02855

CERTIFICATE OF DEATH √ 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 E Chase St St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin H. Miller

(a) Residence: No. 2722 E Chase St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lida O. Miller

6. DATE OF BIRTH (month, day, year) Jan 23, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	7	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse, Obst.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md

FATHER

13. NAME Wm. Miller

14. BIRTHPLACE (city or town) (State or country) Howard County Md

MOTHER

15. MAIDEN NAME Sally Cator

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lida O. Miller

(Address) 2722 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dale Cemetery Date 7/4 . 1934

19. UNDERTAKER Frank H. Peters

(Address) Belair Rd. Md.

JUL 4 - 1934

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16 . 1934 to July 1st . 1934

I last saw h[illegible] alive on July 1st . 1934. Death is said to have occurred on the date stated above, at 7.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?

Other contributory causes of importance:

Angina Pectoris	?
Arterio Sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Carter, M. D.

(Address) 1116 Hollins St.

M. D. F. 1934 F 02856

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02856

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. 3705 Manchester Rd St., 22nd Ward)

Registered No. 27581

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Mrs Mabel Albright

(a) Residence: No. 3705 Manchester Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~, ~~HUSBAND~~ (or) WIFE of: Edwin J. Albright

6. DATE OF BIRTH (month, day, year): Aug 20th 1889

7. AGE: 44 Years | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own Home

10. Date deceased last worked at this occupation (month and year): June 1934

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Louis Schmuff

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Josephine Worlain

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs C. L. Albright

(Address): 514 Rose Hill Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: July 5th 1934

19. UNDERTAKER: W. J. Cook

(Address): 1217 E. Fort Ave

FILED JUL 4 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28 1934 to July 2 1934

I last saw her alive on July 2 1934 Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Placento Apoplexy	4 hours
Other contributory causes of importance:	
Paralytic Ileus	3 days

Name of operation: Laparotomy Date of July 2, 1934

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) H. C. Proctor, M. D.

(Address) Md Gen Hosp

M. D. H. 1268-9

F 02857 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02857

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital Registered No. 122-002

CITY OF BALTIMORE: (No. 1200 S. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Rodgers

(a) Residence: No. 726 York Rd. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 4th 1862

7. AGE: Years 72 Months 2 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Jas. E. Rodgers

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Eliz. Robinson

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Brother Hospital Records Ralf. Rodgers

18. BURIAL, CREMATION, OR REMOVAL: Place Evans Presbyterian Date July 5th 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: 7-4-1934 Wm. F. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to July 2nd 1934. I last saw him alive on July 2nd 1934. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	7-1-34
Other contributory causes of importance: Intestinal obstruction	7-1-34
" perforation	7-1-34

Name of operation: Exploratory laparotomy Date of 7-1-34

What test confirmed diagnosis? X Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil Rodolf M. D.

(Address) Union Memorial Hosp.

M. D. B. 1208-B

F 02858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02858

CERTIFICATE OF DEATH

√ 92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Cecil Ave 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Croswell

(a) Residence: No. 1916 Cecil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Ira T. Croswell

6. DATE OF BIRTH (month, day, year) Mar 7th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles F. Scherf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Delia O'Loughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Otto Scherf

(Address) 2213 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 5th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED July 3 1934 Fitz Registrar

L4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21 1934 to July 2 1934

I last saw her alive on July 2 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	6/21/34
Cause Right Hemiplegia	
Other contributory causes of importance: Cystitis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry E. Hyde, M. D.

(Address) 1100 E. Fayette

M. D. P. 1268-A

F 02859

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02859

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 507 Chateau Ave (St.) 27-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth W. Bradley

(a) Residence: No. 507 Chateau Ave St., Ward. Govans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: John Bradley

6. DATE OF BIRTH (month, day, year): Jan 25th 1872

7. AGE: Years 62; Months 5; Days 8; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Sept 1933

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: James Watmill

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Elizabeth Chadwick

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Hilbert E. Foos

(Address) 507 Chateau Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 6th 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

UL4 - 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1933 to July 3 1934

I last saw her alive on July 1st 1934 Death is said to have occurred on the date stated above, at 3:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1933

Other contributory causes of importance:

Name of operation none. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Fraley M. D.

(Address) 3522 Greenmount Ave.

M. D. B. F 02860 F 02860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5200 Alhambra Ave. Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick S. Burkmar

(a) Residence: No. 5200 Alhambra Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary C. Burkmar

6. DATE OF BIRTH (month, day, year) May 5th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as spinning mill, saw mill, bank, etc. University Hospital

10. Date deceased last worked at this occupation (month and year) ~~Many~~ 1930

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward T. Burkmar

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary C. Burkmar

(Address) 5200 Alhambra Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 6th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St

20. FILED 7-4-1934 Harrington Wellmore M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934, to July 3, 1934

I last saw h— alive on July 2, 1934 Death is said to have occurred on the date stated above, at 6.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 25
Arteriosclerosis	

Other contributing ~~causes~~ of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl H. Benzon, M. D.

(Address) 5111 York Rd.

M. D. B. 268 F 02861

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02861

CERTIFICATE OF DEATH

√ 45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13, Rochester Place St., 1-01 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Kilkowski

(a) Residence: No. 13 Rochester Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) June 24 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Kilkowski
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Frances Jankiewicz
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Joseph Kilkowski
(Address) 131 Rochester Place

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date July 5th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 4 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1 1934 to July 2 1934

I last saw her alive on July 2 1934. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease (Lymph Sarcoma)	About Jan 15 1934

Other contributory causes of importance: None — none

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Yahnstown M. D.

(Address) 16 Forest Broadway

M. D. P. 1965-A

F 02862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02862

CERTIFICATE OF DEATH

161-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Mary

(a) Residence: No. 2109 Linden Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18 days

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Irvin May

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Esther Krueger

16. BIRTHPLACE (city or town) (State or country) Balto. Md. Hospital Records

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Fairview Washington Co. Date 7/4/34 19

19. UNDERTAKER Jos. F. Lewis Inc. 1439 Back St.
(Address)

20. FILED 19 Registrar

JUL 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/34 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934. 19 to July 3 19 34
I last saw h alive on July 3 19 34 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

Congenital atelectasis of right lung.

Date of onset

Other contributory causes of importance:

Name of operation Bronchoscopy Date of 7/3/34

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. C. Moore M. D.

(Address) Mercy Hospital, Baltimore

M. D. 129 F 02863

F 02863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Spring St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Janetta A. Brown

(a) Residence: No. 818 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced WIFE of (Or) HUSBAND of John Brown

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ella W. Todd
(Address) 1047 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 7-5 19 34

19. UNDERTAKER Bryant Manie H. Wright
(Address) 218 McElderry St

Filed JUL 4 - 1934 Washington Nilbaucer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2 19 34

22. I HEREBY CERTIFY, That I attended deceased from 7/1 19 34 to 7/2 19 34

I last saw her alive on 7/2 19 34 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/1/34
Other contributory causes of importance: chr. Interstitial Nephritis	
arterio-sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Wayne Monroe M. D.

(Address) 1700 E. Madison St.

M. D. B. [illegible]

F 02864

8721

F 02864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jackson

(a) Residence: No. 144 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) 12/7/92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B. E. R. C. Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 6

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Jane Straton

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Woods (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 7-3 1934

19. UNDERTAKER Byron & Manning (Address) 1211 E. Lexington St

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to July 1 1934

I last saw h[illegible] alive on July 1 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Jaw Metastases. Chronic Mastoiditis	June 25

Other contributory causes of importance: Septicemia

Name of operation O Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Podgat M. D.

(Address) The Johns Hopkins Hospital.

JL 4 - 1934

M. D. B. 1269

F 02865

F 02865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 8-01 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Butler

(a) Residence: No. 1635 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Jan. 15, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson Miss.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friend

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 7-3-, 1934

19. UNDERTAKER Pierce & Mangels H. Wright

(Address) 128 McElderry St

20. FILED 4-3-1934, 19 & Town Williams N.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934 to July 1, 1934

Last saw h alive on July 1, 1934 Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, Rt.	
c hemiplegia, Left	3 days ?
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Nagel, M. D.

(Address) Balt. City Hosp

M. D. P. 126

F 02866

F 02866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Edmondson Ave. Ward) 16-01

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zachary Pindell

(a) Residence: No. 1608 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Clara Pindell

6. DATE OF BIRTH (month, day, year) Oct 28 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Thomas Pindell

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Emalyn Lee

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Mrs. Clara Pindell

(Address) 1608 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount July 5 1934

19. UNDERTAKER Geo. J. Smith

(Address) 1911 Eastern Place

20. FILED July 6 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to July 1 1934

that I last saw him alive on July 1 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate gland	June 6
Uremia	June 15

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None

(Specify)

(Signed) John A. Evans M. D.

(Address) 612 N. 40 St

M. D. B. 1265

F 02867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02867

CERTIFICATE OF DEATH

115-001

Registered No. 27-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3323 Ramona Ave St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anita Mary Culbreth

(a) Residence: No. 3323 Ramona Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Percy J. Culbreth

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cecilia A. Mahoney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Cecilia A Donnelly
(Address) 3323 Ramona Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer July 6-34
Place ..... Date 19

19. UNDERTAKER Jos J Stehr Son
(Address) 3001 Kentucky Ave

FILED JUL 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23 . 19 34 to July 2 . 1934

I last saw her alive on July 2 1934 Death is said to have occurred on the date stated above, at 11 10 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Sinusitis	June 21 1934
Acute Endocarditis	
Other contributory causes of importance: Cardiac dilatation	July 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Gilbert Dieudonné M. D.

(Address) 1025 North Ave

M. D. B. 1268-9

F 02868

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02868

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Frederick H. Barton

(a) Residence: No. 1518 Moreland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline M. Barton

6. DATE OF BIRTH (month, day, year) May 1, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anton Bartosh

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Barton

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date July 5 1934

19. UNDERTAKER J. J. Fitzpatrick & Sons (Address) 2 E Pa Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to July 2, 1934 That I saw him alive on July 2, 1934 Death is said to have occurred on the date stated above, at 10:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage,	
Hemiplegia, left	8 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Magid M. D.

(Address) Balt City Hosp.

JUL 4 - 1934

M. D. B 1268-9

F 02869

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02869

CERTIFICATE OF DEATH

x 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 14 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie M. Nicholson

(a) Residence: No. Stonyrun Road 41 A. Arch Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 6-1933

7. AGE: Years 1; Months 10; Days 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Ruffin Nicholson

14. BIRTHPLACE (city or town) (State or country): D C

MOTHER

15. MAIDEN NAME: Virginia Brunner

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ruffin Nicholson

(Address) Stonyrun Road

18. BURIAL, CREMATION, OR REMOVAL: Sandhills Cemetery Date July 4 1934

19. UNDERTAKER: David Easton

(Address) 916 Parma Ave

FILED JUL 4 1934 Livingston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ..... 1... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis (Acute)	July 1-34

Other contributory causes of importance:

None

Name of operation: Tracheotomy Date July 3-34

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 S. Broadway

F 02870

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02870

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Frances Folson

(a) Residence: No. 842 S. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced: RELRAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): June 15-1881

7. AGE: Years 53 | Months 0 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto and

MOTHER FATHER

13. NAME: Marshall Tynes

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Harriet Polk

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Date July 5 1934

19. UNDERTAKER (Address): James A Hayes 142 Westfield St Huntington Williams, Wva

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-2-34

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1934 to 7-2 1934

I last saw h alive on 7-2 1934 Death is said to have occurred on the date stated above, at 7:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid Colon	?
Other contributory causes of importance: Pulmonary Infarct, right	2 days

Operation: Exploratory Resection Date of June 25 Th

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Barnes M. D.

(Address) Balto City Hosp

F 02871

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02871

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Hollins St. 20-01 Ward)

Length of residence in city or town where death occurred 51 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Lucy Va Gibson

(a) Residence: No. 2108 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Andrew W. Gibson

6. DATE OF BIRTH (month, day, year) Oct. 15 1853

7. AGE: Years 80 Months 8 Days 18 If LESS than 1 day, hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth Goode

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Ida B. McQuay

(Address) 2108 Hollins

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 6 1934

19. UNDERTAKER Lucy Ly Estmat

(Address) 216 Fredrick Ave

20. FILED 1934 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1. 1934, to July 3. 1934 I last saw h alive on July 3. 1934 death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis. — Date of onset 1/1/34

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Gorton, M. D.

(Address) 588 N Eutaw St

M. D. P. 1934 F 02872 ✓ F 02872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hosp 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Melnick Jr.

(a) Residence: No. 1415 Lowman St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Melnick

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Sophie

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date July 5 1934

19. UNDERTAKER John C. Miller (Address) 2455 E. Oliver St

20. FILED 19 Registrar

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 25, 1934 to July 3, 1934

I last saw him alive on July 3, 1934 Death is said to have occurred on the date stated above, at 10.35A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal toxemia (food poisoning)	6-30-34

Other contributory causes of importance: Eating soft shell crab - Melnick on 6-30-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James S. Webb Jr. M. D.

(Address) 1213 Light St. Balto

M. D. B. 1268-9

F 02873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Crane

(a) Residence: No. 1808 Ashburton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Steven Crane

6. DATE OF BIRTH (month, day, year) Aug 20 - 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Johanna Schnell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Johanna Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Schnell

(Address) 1808 Ashburton St

18. BURIAL, CREMATION, REMOVAL 7/5

(Signature) ..... Date 19

19. UNDERTAKER Geo H Feinhold Sons

(Address) 1518 Pennsylvania Ave

FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Poison	July 2 - 34

Other contributory causes of importance:

Name of operation Leptin Date July 3 - 34

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 2 1934

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Bichloride

Manner of injury Swallowed Bichloride of Mercury

Nature of injury Cerebral Poison

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.

Coroner

(Address) 14 S. Howard

F 02874

F 02874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerome Miller

(a) Residence: No. 2038 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md

FATHER

13. NAME William J. Miller

14. BIRTHPLACE (city or town) (State or country) Balto. md

MOTHER

15. MAIDEN NAME Pearl Shook

16. BIRTHPLACE (city or town) (State or country) White Hall md

17. INFORMANT William J. Miller

(Address) 2038 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lafayette Date July 5 1934

19. UNDERTAKER George L. Stehman

(Address) 2101 Frederick Ave.

Dr. Eugene Feldmann Coroner

JUL 4 - 1934 Huntington W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 3 1934

I last saw him alive on July 3 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease
patent ductus arteriosis
Pulmonary stenosis
Absent interventricular septum

Date of onset: Birth

Other contributory causes of importance:

Pulmonary atelectasis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. V. Langenbeck M. D.

(Address) Univ. Hosp.

M. D. B 1268-9

F 02875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02875

CERTIFICATE OF DEATH

140

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Reamer

(a) Residence: No. 918 So Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Col'd	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John. Reamer

6. DATE OF BIRTH (month, day, year) Aug 10-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thos F. Lassiter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Alice J. Traylor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Alice F. Traylor

(Address) 942 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Edmondson Ave Date 7/5 19 01

19. UNDERTAKER Joseph F. Tilley

(Address) Fulton & Fayette Sts

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 , 1901

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... , to ... , 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 P ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Abscess-Septicemia	June 5-01

Other contributory causes of importance:

History of incomplete abortion 2 mo ago, instrumental

Name of operation July 3-01 Virginia Date

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. L. Holmes M. D.

(Address) 16 So Howard

M. D. B. F-9 F 02876

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02876

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 2001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evaline Grogan

(a) Residence: No. Arundale Dundalk Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed or divorced (or) WIFE of Robert M. Grogan

6. DATE OF BIRTH (month, day, year) 5-12-93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

FATHER

13. NAME John Whitacre

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Wilmina Gleason

16. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

17. INFORMANT Robert M. Grogan

(Address) P.O. Box 16 Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Penna Penna N.Y. Date July 7 ... 1934

19. UNDERTAKER Lilly & Faber Inc.

(Address) 1 E Lexington St

JUL 4 1934 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3-34 ... 19

22. I HEREBY CERTIFY, That I attended deceased from 6-19-34 ... 19 ... to 7-3-34 ... 19

I last saw her alive on 7-3-34 ... 19 ... Death is said to have occurred on the date stated above, at 8 45/P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon	

Other contributory causes of importance:

Peritonitis with Peritonitis and Pancreatitis

Name of operation Exploratory Lap. Date of 7-3-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify

(Signed) Robert H. Adams, M. D.

(Address) Bon Secours Hosp.

F 02877

M. F 02877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 48

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave 25 St 25 Ward)
Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Steer
(a) Residence: No. Pikesville, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Philip Steer

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME John Connelly
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Margt Coleman
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Frank Schuster
(Address) Pikesville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Charles Date 7/6/34 19

19. UNDERTAKER Frank H. Nuzum
(Address) Pikesville, Md

JUL 5 1934 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-8-1934 to 7-3-1934
I last saw h.. alive on 7-3-1934 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6-25-34
Other contributory causes of importance: Carcinoma of Uterus - Mitral & Aortic Stenosis	1-1-34 ?

Name of operation Ray Hysterectomy Date of 6-22-34
What test confirmed diagnosis Biopsy & Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify
(Signed) H. J. Everett, M. D.
(Address) St Agnes Hospital

M. D. R. 1268-9

F 02878

F 02878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital 18

CITY OF BALTIMORE: (No. ..... St., 1-04 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Chadnicke

(a) Residence: No. 713 S. Bethel St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brito, Ont.

FATHER

13. NAME Ignatz Chadnicke

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Sobotk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Josephine Chadnicke
(Address) 713 S. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 5, 1934

19. UNDERTAKER John F. McWeeney
(Address) 401 Huntington Ave, Baltimore, Md.

JUL 5 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 34

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 4, 1934. I last saw him alive on July 4, 1934. Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningococcus Meningitis	6/28/34

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

M. P. F 02879

F 02879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7 117-001

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 4-06 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian L. Coburn

(a) Residence: No. 802 Overbrook Roads St., ... Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Guy D. Coburn

6. DATE OF BIRTH (month, day, year) February 7, 1901

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
33 32	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) July 1934
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER
13. NAME Alfred H. M. Davis
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Sophia M. Schroeder
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Guy D. Coburn
(Address) 802 Overbrook Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 7 19 34

19. UNDERTAKER Guy Cook
(Address) 1217 E Fort Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 4, 1934
I last saw her alive on July 4, 1934 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Peritonitis	
	1934
	July
	1

Other contributory causes of importance:

Toxemia

Name of operation none Date of ...
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. W. Mueller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B 1268-9

F 02880 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02880

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 19-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ada Watkins

(a) Residence: No. Dunn Apts. Mt Royal St., Reservoir St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. H. Watkins

6. DATE OF BIRTH (month, day, year) Sept 21st 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Nankanna

FATHER

13. NAME Joseph P. Watkins

14. BIRTHPLACE (city or town) (State or country) Prague Bohemia

MOTHER

15. MAIDEN NAME Anna Calhoun

16. BIRTHPLACE (city or town) (State or country) Prague Bohemia

17. INFORMANT Nellie Foster

(Address) 4900 Penrose Av, St Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 6 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JUL 5 - 1934 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	6/2/34
Empyema (left lung)	6/16/34

Other contributory causes of importance:

Automobile Accident	6/2/34

Name of operation Thoracotomy Date of ?

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/2 1934

Where did injury occur? Fayette St. nr Liberty (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Greany M. D.

(Address) 2202 E. Madison St

M. D. B. F 02881

F 02881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH — Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lelia Muse Ball Grofford

(a) Residence: No. 3825 Clifton Ave St., Ward. Walbrook

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of William A. Grofford

6. DATE OF BIRTH (month, day, year) Sept 18th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER FATHER

13. NAME John B. Ball

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Mary E. Harding

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Wm A. Grofford

(Address) 3825 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 6th 19

19. UNDERTAKER Wm Cook

(Address) 127 W. Mulberry St

FILED JUL 5 - 1934 Victor Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on July 3 19..... Death is said to have occurred on the date stated above, 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Hypertrophy & heart

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No if so, specify .....

(Signed) James M. Fenlon M. D. Coroner

(Address) 700 E. Chase St.

M. D. P. 1268-9

F 02882

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02882

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 44-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Robbins

(a) Residence: No. 2002 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 5 3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Millard

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ? Fanny ?

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Ft. Mt. Auburn Cem. Date 7-5-34

19. UNDERTAKER Leland Taylor Co.
(Address) 916 Eq Ave.

FILED 7-5-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 22 1934 to July 4 1934

I last saw him alive on July 4 1934 Death is said to have occurred on the date stated above, at 3.05 A m.

"The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Luetic aortic insufficiency Aortic aneurysm (Thoracic)	5 Yrs ?

Other contributory causes of importance.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

F 02883 F 02883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Lexington St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Edwards

(a) Residence: No. 930 Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 20 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Wm Edwards

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Annie Ruffins

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Sarah Ruffins
(Address) 930 Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-5-34

19. UNDERTAKER David Taylor
(Address)

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19th 1934 to July 2nd 1934

I last saw him alive on June 2nd 1934 Death is said to have occurred on the date stated above, at 9.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	3/1934
with Bronchopneumonia	

Other contributory causes of importance:

Interstitial Nephritis

Name of operation ... Date of

What test confirmed diagnosis Laboratory there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Gurney M. D.

(Address) 622 N. Arlington Ave

F 02884

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02884

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Bradford St. 17-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Scott

(a) Residence: No. 517 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	+		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Johnson

(Address) 517 N Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 7/6 19 34

19. UNDERTAKER Frances A Hemsley

(Address) 578 Middle St

FILED JUL 7 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, that I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension	
Seizure of Heart	2
Other contributory causes of importance:	
Arterio Sclerosis	2

Name of operation None Date None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jos. L. Valentine M. D. Coroner

(Address) 12 S. Howard

M. D. B. F-9

F 02885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02885

CERTIFICATE OF DEATH

127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 14 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alva Brannon

(a) Residence: No. 1417 Mt Royal Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Forwell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sarah Jane Saint

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Son Francis Brannon
(Address) 1417 Mt Royal Av

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 5th, 1934

19. UNDERTAKER Forsyth Bros
(Address) 1817 Edmondson Ave

20. FILED 1934 Hunter Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1934 to 7-2, 1934

I last saw h[illegible] alive on July 2nd, 1934 Death is said to have occurred on the date stated above, at 10:15 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	

Other contributory causes of importance:

Jaundice Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W P Robinson, M. D.

(Address) Mercy Hosp

M. D. B. 1268-9

F02886

F02886 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Thompson Augusta

(a) Residence: No. 3717 Mt Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) Feb 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Kalb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frederika -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cemetery July 5 1934

19. UNDERTAKER S. Levinson Bro (Address) 1127 E. Baltimore St.

FILED JUL 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to July 2, 1934

I last saw h[illegible] alive on July 2, 1934 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Cerebral Hemorrhage	?
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill, M. D.

(Address) Balt City Hosp

M. D. F 02887 ✓ F 02887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH St Agnes Hospital — Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton Ave Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgiana Heile

(a) Residence: No. 2608 Lehman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J Heile

6. DATE OF BIRTH (month, day, year) January 15/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME George H. Wade

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Maria C Stewart

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT James H Heile
(Address) 2608 Lehman St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date July 6 1934

19. UNDERTAKER Harry R Arnold Sons
(Address) 4204 Ridgewood Ave

20. FILED [illegible] Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9 1934 to July 4 1934

I last saw h sr alive on July 4 1934 Death is said to have occurred on the date stated above, at 8 ½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Consolidation of both Lower Lobes of both lungs	
Other contributory causes of importance: Carcinoma of Gall Bladder & metastis to surrounding lymph nodes.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Norbert C Wirth M. D.
(Address) 2151 Wilkens Ave

M. D. B. F-02888 ✓ M F 02888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward) 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred . yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Manns

(a) Residence: No. 319 Font Hill Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Manns

6. DATE OF BIRTH (month, day, year): 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George Manns

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Glock

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George Manns
(Address): 801 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Paul's Cemetery Date: July 6, 34

19. UNDERTAKER: HENRY SANDER & SONS, INC. Henry J. Sander
(Address): Baltimore & Broadway

20. FILED 7-5-1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ingury, 19 . to 19

I last saw him alive on ingury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/2, 1934
Where did injury occur? Frederick Rd nr. Brunswick
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Struck by auto while
Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2209 E. Madison St.

M. D. F 12 02889

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02889

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E. Federal St. St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Robert F. Yaeger

(a) Residence: No. 1734 E. Federal St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Yaeger

6. DATE OF BIRTH (month, day, year) Nov. 6, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	77	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer 085

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Yaeger

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mr. Harry Yaeger
(Address) 1839 E. 30th Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Cemetery Date July 5, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC
(Address) Baltimore & Broadway

20. FILED 5 " 1934 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934, to July 2, 1934

I last saw him alive on July 2, 1934. Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Seizures	10 D.
Broncho Pneumonia	3 days
Trauma	4 days

Other contributory causes of importance:

Chronic Interstitial Nephritis	10 Yrs.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Thos. Fa Stevens M. D.

(Address) 2878 Maryland Ave

M. D. B. 1268-9

F 02890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 McCulloh St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E Nicholas

(a) Residence: No. 2024 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER | FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gwendolyn Nichols

(Address) 2024 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date July 5 1934

19. UNDERTAKER Archibald C. Hyde & Co

(Address) 2101 McCulloh St.

20. FILED July 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
Senility	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. G. Rueth M. D.

(Address) Coroner

M. D. 2 1206

F 02891

28737

F 02891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 10-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joyce Madison

(a) Residence: No. 928 N. Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/20/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fernando Madison

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elsie Coates

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemetery Date July 5th, 1934

19. UNDERTAKER Wm. R. J. Elliott Daughter (Address) 1129 Caroline St.

20. FILED July 5 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 31, 1934

I last saw her alive on July 3, 1934 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~tuberculosis~~ Lead encephalitis	6-29-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Yeankopoulos M. D.

(Address) Johns Hopkins

M. D. F 02892 ✓ F 02892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Mooney

(a) Residence: No. 200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Mooney

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Shehan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Superior, Supt.
(Address) Little Sisters of the Poor, 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 5, 1935

19. UNDERTAKER Geo. Kirk & Sons
(Address) 1 W. Saratoga St.

20. FILED JUL 5 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 July, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1932 to July 4, 1935.
I last saw him alive on July 2, 1935. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Senile Debility	10 days

Other contributory causes of importance:

Asthma

Name of operation ... Date of ...

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. McCahan, M. D.

(Address) 111 E. Hamilton St.

M. D. B. 12

F 02893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02893

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Union Memorial Hospital 4-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Sauers

(a) Residence: No. RFD #2 Old Harford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	43	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME George Sauers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Calloway

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Union Mem Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 5 1934

19. UNDERTAKER H. A. Gill & Son

(Address) 1218 E. Fayette St

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30 1934 to July 3 1934

I last saw h.im alive on July 3 1934 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Hemorrhagic disease of Newborn	7-3-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Marcus L. Hulet M. D.

(Address) Union Memorial Hospital

M. D. F. 12[illegible]

F 02894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02894

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bankard

(a) Residence: No. 667 Lumbardon road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Preston Bankard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Courtenay Judge

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Arthur L. Judge

(Address) 1[illegible] South St

18. BURIAL, CREMATION, OR REMOVAL

Pl St Mary's Woods 7-5-34

19. UNDERTAKER George E. Lasley

(Address) Baltimore, Md.

FILED [illegible] Registrar.

JUL 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to July 4, 1934

I last saw him alive on July 3, 1934. Death is said to have occurred on the date stated above, at 4 00 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Moore M. D.

(Address) Mercy Hospital, Baltimore.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

F 02895

HEALTH DEPARTMENT—CITY OF BALTIMORE F 02895

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 N. Payson ST. 16-01 (WARD)

2-FULL NAME Elsie Bordner,

(a) RESIDENCE NO. 713 N. Payson ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John David Bordner,

6 DATE OF BIRTH (month, day, and year) December 24. 1855.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York County Penna.

PARENTS

10 NAME OF FATHER Henry Ehrhart.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Julia Ann Diehl,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Mrs. Willis Ann Bowers

(Address) 713 N. Payson St.

15 Filed JUL 5 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1934

17 I HEREBY CERTIFY, That I attended deceased from March 22 1934, to July 3 1934,

that I last saw h[illegible] alive on July 3 1934,

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Arteriosclerosis

(duration) 2 1/2 yrs. mos da.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1811 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury Penna.

DATE OF BURIAL JUL 6 - 1934

20 UNDERTAKER Robert S Sittler

ADDRESS 2700 EDMONDSON AVE

TION is very important See instructions on back of certificate.

M. D. B. 1208-9

F 02896

F 02896 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles P. Gorsuch

(a) Residence: No. 1729-Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel C. (Frazier)

6. DATE OF BIRTH (month, day, year) 4/29/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	4	~~xxx~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 159

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis C. Gorsuch

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary T. (Getz)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dr. Chas. B. Gorsuch

(Address) 1729-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 7/6/34 19

19. UNDERTAKER Geo. J. Ruth & Son

(Address) 22 W. Lafayette Ave Baltimore, Md.

JUL 5 - 1934 ~~Huntington Baltimore, Md~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1934 to July 3, 1934

I last saw him alive on July 3, 1934 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with metastases to liver (?)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

M. D. F. 1268-1

F 02897 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02897

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 McHenry St 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara E. Schmedes

(a) Residence: No. 735 McHenry St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman Schmedes

6. DATE OF BIRTH (month, day, year) Feb 10 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Mack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bernard Schmedes

(Address) 735 McHenry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross-Burial Date 7/6/34

19. UNDERTAKER Leonard Riggs

(Address) 1305 Hanford Rd

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/21. 1934. to 7/5/34. 19

I last saw h[illegible] alive on 7/3/34. 19 Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Int Nephr. History	3 yrs.
Other contributory causes of importance: Uremia History	2 wks.
Hemiplegia (Cerebral Hemorrhage)	6/21/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Fury, M. D.

(Address) 410 W. Lombard

UL 5 - 1934 Huntington Williams, Mgr

F 02898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02898

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 S. Fell Street St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaw Waniewski

(a) Residence: No. 929 Fell Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Weronika Waniewski

6. DATE OF BIRTH (month, day, year) Year 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Waniewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherine Siekurski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Veronica Waniewski

(Address) 929 Fell Street

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem. Date July 7th 1934

19. UNDERTAKER George A. Weber

(Address) 705 S Ann street

FILED 19 Huntington Williams, Wit

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to June 27, 1934

I last saw him alive on June, 1934 Death is said to have occurred on the date stated above, at 7.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung.	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray & Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Bornstein M. D.

(Address) 733 Hanover St

M. D. F. 1268

F 02899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02899

CERTIFICATE OF DEATH

✓ 183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Spring Gardens, off Werners Wharf Ward)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George D. Jamar.

(a) Residence: No. 1158 Scott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed or divorced, HUSBAND of Julia Jamar.

6. DATE OF BIRTH (month, day, year) January 7, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano string maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME James D. Jamar.

14. BIRTHPLACE (city or town) (State or country) Delaware.

MOTHER

15. MAIDEN NAME Mary E. Taylor.

16. BIRTHPLACE (city or town) (State or country) Delaware.

17. INFORMANT Mary Rethman. (mother)
(Address) 1158 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loganis Cem Date 7/5/34

19. UNDERTAKER Jos. Conte & Sons
(Address) 1212 N. Paca St.

JUL 5 - 1934

(Signature) ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/2/34, 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
(If so, specify)

(Signed) Elliott Reinhardt, M. D.
Coroner

7/5/34 (Address) 1617 E. Charles St.

Spec.—9-30—A & Co.—250 Bks

02900 F 02900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 4506 Walther ave ST 27-01 WARD)

2. FULL NAME Fredrick G. Grade

(a) RESIDENCE NO 4506 Walther ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Fredrick W Grade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Medinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) John Nixon 4506 Walther ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931 to July 3, 1934.

that I last saw him alive on July 3, 1934.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel B Wolf M. D.

7-4 1934. (Address) 1331 E. North Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel Cemetery	July 6 1934
20 UNDERTAKER	ADDRESS 1203
Henry Lutz	N. Broadway

JUL 5 - 1934

M. D. B. 1268-9

F 02901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02901

CERTIFICATE OF DEATH

V 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) 12-01 Ward)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S., If of foreign birth? 42 yrs. 9 mos. 3 ds.

2. FULL NAME Mrs Ray York (Mary) Mary Read York

(a) Residence: No. 532 University Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Widowed

6a. If married, widowed, or divorced (or) WIFE of — Ray York

6. DATE OF BIRTH (month, day, year) Oct 1 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Near Culpepper Virginia

FATHER

13. NAME R. G. Read (Luther G. Read)

14. BIRTHPLACE (city or town) (State or country) Near Culpepper Virginia

MOTHER

15. MAIDEN NAME Virginia Gregory

16. BIRTHPLACE (city or town) (State or country) Near Culpepper Virginia

17. INFORMANT Dept. M. Gale Kiser (son)
(Address) 532 University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 6 1934

19. UNDERTAKER Haworth Conn Company
(Address) 1218 W. Lanvale St.

20. FILED JUL 5 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to July 4 1934

I last saw her alive on July 4 1934 Death is said to have occurred on the date stated above, at 10.75A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Occlusion	?
2 Hypostatic Pneumonia	1
3 Pulmonary Tuberculosis Bilateral	?

Other contributory causes of importance:
Chronic Alcoholism

Name of operation ..... Date of Yes

What test confirmed diagnosis? None Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 02902 F 02902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred 2a yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Connor

(a) Residence: No. 1006 E. 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor E. Connor

6. DATE OF BIRTH (month, day, year) Mar. 11, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Amsterdam Casualty Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible] N.Y.

FATHER

13. NAME John Connor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mrs. Eleanor Connor
(Address) 1006 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 6, 1934

19. UNDERTAKER Wm. Michael Ross
(Address) North & Fremont Sts.

20. FILED [illegible] Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible], to [illegible], 19 [illegible]

I last saw h[illegible] alive on July 3, 19 34 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset 2 hrs

Other contributory causes of importance: Arterio Sclerosis & Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury [illegible], 19 [illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Fenton Jr. M. D.
Coroner

(Address) Jas. E. Clark

M. D. F 02903

F 02903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 15-81 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur E. Adams

(a) Residence: No. 1828 Thomas Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah E. Adams.

6. DATE OF BIRTH (month, day, year) aug 28 - 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim Dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.R & E. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Elijah Adams.
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Phoebe A. Bushnell
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr. Arthur Adams
(Address) 1828 Thomas Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 7 1934

19. UNDERTAKER Lowe, McKenzie & Downs
(Address) North & Fayette

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3 - 1934 to July 4 1934
I last saw him alive on July 4 1934. Death is said to have occurred on the date stated above, at 5.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	
Generalized arterio sclerosis	
Other contributory causes of importance:	
Lobar Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. D. P. 1268-9

F 02904

02904 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 23-01 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Raisin

(a) Residence: No. 1017 Price St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME T Lewis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Balt City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 7 1934

19. UNDERTAKER E Roy O Wilson
(Address) 1700 Boundary Ave

Filed JUL 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5 1934 to July 3 1934

I last saw him alive on July 3 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Pringle, M. D.

(Address) Balt City Hosp.

M. D. B. 1208-9

F 02905

F 02905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 30-51 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Mark Bergamock

(a) Residence: No. 119 S. Calverton Road, ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Boy	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 17, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
—	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Maurice Bramnock

14. BIRTHPLACE (city or town) (State or country) Dorchester County Md.

MOTHER

15. MAIDEN NAME Lottie Parks

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Records Union Mem. Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 5 . 193

19. UNDERTAKER George L. Lothrop (Address) 2501 Eutaw Place

20. FILED ... . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17 . 1934 to July 4 . 19...

I last saw him alive on July 4 . 1934 Death is said to have occurred on the date stated above, at 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset ...

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James S Hecht . M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

F, 02906

02906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Aged Women Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 8-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. dys How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Susan D Wheeler

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary E Foreal
(Address) 1404 W Lexington

18. BURIAL, CREMATION, OR REMOVAL.
Place St Mary Date July 5, 1934

19. UNDERTAKER F. Vernon Kelmer
(Address) 1532 Hollins St

5 JUL 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1934 to July 3, 1934
I last saw h N alive on July 3, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Myocarditis Chronic	?
Arterio sclerosis	?
Senile Debility.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward B Jorrey M.D.

(Address) 1105 St. Paul St., City

Spec.—12-9-25—A Co.—200 Bks.

F 02907 HEALTH DEPARTMENT—CITY OF BALTIMORE

56 F 02907

CERTIFICATE OF DEATH.

REGISTERED NO. 24 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 522 N. Arlington St. 14-01 Ward)

2-FULL NAME Mildred Cummings

(a) RESIDENCE NO. 522 N. Arlington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov. 17, 1928

7 AGE: Years 5 | Months 6 | Days 19 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Rubin Cummings

11 BIRTHPLACE OF FATHER (city or town): Bonneau

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Mildred Henley

13 BIRTHPLACE OF MOTHER (city or town): Beech Island

(State or country) S. C.

14 Informant: Frank Henley

(Address) 522 N. Arlington

15 Filed July 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3 1934

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to July 3, 1934, that I last saw h.. alive on July 3, 1934, and that death occurred, on the date stated above, at 3.45 A.m.

The CAUSE OF DEATH* was as follows:

Pericarditis & Endocarditis with involvement of Valves

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm H. Watts, M. D.

(Address) 515 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: July 5, 1934

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

5-1934

M F 02908 Goetze F 02908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Goetze

(a) Residence: No. Joppa & Sally's Hill. Joppa & Sally's Hill Balto Co

(Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Goetze

6. DATE OF BIRTH (month, day, year) April 11th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME August Goetze

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ellen Kolbus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, REMOVAL. Place Loudon Park Cem. Date July 7. 1934

19. UNDERTAKER Leslie Townsend Son

(Address) 7 W. Lafayette Ave.

20. FILED JUL 5 - 1934 19 1 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-V-34. 19

22. I HEREBY CERTIFY, That I attended deceased from June 26th 1934 to July 6th 1934

last saw h alive on July 5th 1934 Death is said to have occurred on the date stated above, at 10:53 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder — Date of onset

Broncho pneumonia

Cardiac failure

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bullennett, M. D.

(Address) Mercy Hospital Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 02909

F 02909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 - Druid Hill ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ~ mos. ~ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Smith Snipes

(a) Residence: No. 1618 - Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married

a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Fletcher Snipes

6. DATE OF BIRTH (month, day, year) March 15, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

FATHER

13. NAME Lindsey Smith

14. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

MOTHER

15. MAIDEN NAME Virginia Jones

16. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

17. INFORMANT Agnes White

(Address) #10 Governor st. - Newark N. J.

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville Va Date 7/6/34

19. UNDERTAKER Adolphus Halstead

(Address) 965 Druid Hill Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934 to July 2, 1934

I last saw h. alive on July 2, 1934 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6.27.34
Cerebral hemorrhage	7.1.34
Other contributory causes of importance:	
arteriosclerosis	?

Name of operation none Date of

What test confirmed diagnosis? paralysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

L 3 - 1004

M. D. P. 1268-9

F 02910

F 02910 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V 131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Stamler

(a) Residence: No. 327 Monastery Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt md

FATHER

13. NAME George R. Stamler

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Nora A. Haggerty

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Marg. P. Wilson.

(Address) 327 N. Monastery Ave Balt. md

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D. C. Date 7/5/ 1934

19. UNDERTAKER Timothy Haulow

(Address) 641 H St N.E. Wash D.C.

20. FILED [illegible] Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3 1934 to July 5 1934

I last saw him alive on July 5 1934 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	?
Congestive Heart failure	6-1-34
Chronic nephritis	?

Other contributory causes of importance:

Pulmonary edema	7-3-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) Frederick Augusta Ave.

OCCUPATION is very important. See instructions on back of certificate.

5-1934

M. D. F. 1968-9

F 02911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02911

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 E Fairmount St., 6-C Ward)

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augustus E Holden

(a) Residence: No. 2604 E Fairmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 24-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Gardner E Holden

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jennie Hall Sams

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Jennie Hall Sams

(Address) 2504 E Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Lincoln Date July 6, 1934

19. UNDERTAKER John Ulrich

(Address) 1202 Eutaw St

20. FILED July 5 1934 Harriet Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3 1934 to July 4 1934

I last saw him alive on July 4 1934 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	6/29/34
Measles.	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Lazenby M. D.

(Address) 1604 E Baltimore St

M. D. F. 68-9 F 02912 Knudsen F 02911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5308 York Rd St. 27-61 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John O. Knudsen

(a) Residence No. 5308 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Knudsen

6. DATE OF BIRTH (month, day, year) Nov 8 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME John A. Knudson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Elizabeth Knudsen
(Address) 5308 York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Park Date July 6, 1934

19. UNDERTAKER John Uffelbell
(Address) East Baltimore

FILED JUL 5 1934 Huntington Williams, Reg.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to July 4, 1934

I last saw him alive on July 4, 1934 Death is said to have occurred on the date stated above at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	July 4/34
Other contributory causes of importance: Heat Stroke	June 29/34

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) Richard L Ensminger M. D.

(Address) 1574 E Baltimore Baltimore Md

M. D. R. 1268-1

F 02913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02913

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 Hawthorn Road St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth --- yrs. - mos. - ds.

2. FULL NAME James Edward McGinley

(a) Residence: No. 324 Hawthorn Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella H. Morgan

6. DATE OF BIRTH (month, day, year) Aug. 13, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James McGinley

14. BIRTHPLACE (city or town) ---------
(State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Russell

16. BIRTHPLACE (city or town) ---------
(State or country) Ireland

17. INFORMANT Mrs. Ella H. McGinley
(Address) 324 Hawthorn Road

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem Date 7/6 19 34

19. UNDERTAKER Henry C. McCay & Son
(Address) 805 E. Calvert St

20. FILED 7/6/34 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3, 34. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28 1934 to 7/30 1934

I last saw h[illegible] alive on 7/3 1934 Death is said to have occurred on the date stated above, at 8:20 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Lues — Date of onset

Worrhea from

Other contributory causes of importance:

Causes of Coma

Name of operation ..... Date of .....

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ne Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Peter F. Carey M. D.

(Address) 1111 Cleveland Ave

V. 9 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12684

F 02914

02914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841. SConklin. St St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Henry Thomas

(a) Residence: No. 841. S. Conklin. St St., 26 Ward.

(Usual place of abode) 45 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Thomas

6. DATE OF BIRTH (month, day, year) Sept 18. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	27/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cheuffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Anna Thomas (WIFE) 841. S. Conklin. St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date July. 7. 1934

19. UNDERTAKER (Address) Libby & Zeiler Inc 1037 S. Wolfe St.

Filed 7-5-1934 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4 1934 to July 4 1934

I last saw him alive on July 4 1934 Death is said to have occurred on the date stated above, at 8/25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Cardiac Dil	July 4
Other contributory causes of importance: Chronic Interstitial Nephritis	3 mo.

Name of operation — Date of —

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence A. Dow M. D.

(Address) 200 N. Eden St

M. D. B. 1268-9

F 02915

F 02915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Rennell St., 27-21 (Ward)

Length of residence in city or town where death occurred 40 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Ingram

(a) Residence: No. 5507 Rennell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret M. Ingram

6. DATE OF BIRTH (month, day, year) Sept 12-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grafton W. Va

FATHER

13. NAME Edward Ingram

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Leary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret M. Ingram
(Address) 5507 Rennell St

18. BURIAL, CREMATION, OR REMOVAL
Place Dunn Cathedral Date July 6 1934

19. UNDERTAKER Leonard A. Bruce
(Address) 5305 Harford Rd

JUL 5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to 7/3/34
I last saw h alive on 7/3/34 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinically an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Kyle W. Dolley M. D.

(Address) 5103 Harford Rd

M. D. B. 1268-9

F 02916

02916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 23-31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 East Cross St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise C. Everitt

(a) Residence: No. 40 East Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H Everitt

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88+	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Jan 1-1933.

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Eastern Shore (?) Md

FATHER

13. NAME Jonah Parks

14. BIRTHPLACE (city or town) (State or country) Eastern Shore (?) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Clara Crain
(Address) 40 East Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 6 1934

19. UNDERTAKER John F Denny
(Address) 713 Light St.

5-1934 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to July 3rd 1934

I last saw her alive on July 2nd 1934 Death is said to have occurred on the date stated above, at 1.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	several years
Other contributory causes of importance: Cerebral hemorrhage	2 days

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W H Buxton M. D.

(Address) 301 East Cross St.

F 02917

M. D. P. 1268-9

02917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Mr. Patrick J. Monaghan

(a) Residence: No. 5 Upland Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Kennedy

6. DATE OF BIRTH (month, day, year) Mar 25 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital records (Address) Mercy Hospital Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 7-7 1934

19. UNDERTAKER Vernon Lennon (Address) 4644 Park Hgts

FILED 7-5-1934 (Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 3 1934. I last saw him alive on July 3 1934. Death is said to have occurred on the date stated above, at 6 00 P m.

The principal cause of death and related causes of importance were as follows:

Strangulated inguinal hernia — Date of onset 7/1/34

Other contributory causes of importance: Arteriosclerotic Cardio-Vascular disease

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Leonetti, M. D.

(Address) Mercy Hospital Balto. Md.

M. D. B. 1265-9

F 02918

02918

286894

Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Clay

(a) Residence: No. 3001 Belair Rd., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Oct. 12-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	- 8	- 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Adam Delitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Brehm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Date July 7th 1934

19. UNDERTAKER Willard B Callender (Address) 1467 E Oliver St

20. FILED 5-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-19-1934 to 7-4-1934

I last saw her alive on 7-4-1934 Death is said to have occurred on the date stated above, at 5:18 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (? May 1933)	Oct. 1932
Arteriosclerosis	

Other contributory causes of importance:

Vascular hemorrhage, cerebral	Oct '33
cerebral	6-20-34
Gangrene, great toe left	Nov. '33
Varicose veins, lower extremities	7-5-34

Name of operation Amputation toe Date of 6-24-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eglred L. Leech M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

Inkes

F 02919

02919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... St. 20 — Ward

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Alice Sykes.

(a) Residence: No. 108 McPhail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced (Husband or) WIFE of: George Sykes

6. DATE OF BIRTH (month, day, year): May 24, 1878

7. AGE: Years 56; Months 1; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: George Lapmon
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Hannah McTague
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Frostburg, Md Date July 6, 1934

19. UNDERTAKER: Harry H. Weitzel
(Address) 410 Edmondson Ave

5-1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to July 4, 1934. Death is said to have occurred on the date stated above at 7:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum	
Contributory Secondary Anemia	Months
Fecal Fistula	

Other contributory causes of importance:

Name of operation: Intestinal Resection — Date 7/3/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. P. Burns M. D.

(Address) Bel Air, Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 02920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02920

CERTIFICATE OF DEATH

194-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., Joseph Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Marran Farber

(a) Residence: No. 2522 Guilford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Farber

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore maryland

FATHER

13. NAME John Marran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Corrigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jos. F. Farber (son) 2522 Gudlford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date July 7 1934

19. UNDERTAKER (Address) Henry W. Meiskon 805 N. Calvert St.

FILED 5-1934 Huntington Williams, N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ... , to ..... , 19 .....

I last saw h... alive on ..... , 19 ... Death is said to have occurred on the date stated above, at 4.52 A. M.

The principal cause of death and related causes of importance were as follows:

Probably Cardiac Failure
Genl Arteriosclerosis

Date of onset

Other contributory causes of importance:

Subtrochanteric fracture of femur may 19/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury may 22/3

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home- Injured when seating

Manner of injury herself on commode.

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 508 E Lanvale

M. D. B. 1208-9

F 02921

HEALTH DEPARTMENT—CITY OF BALTIMORE

02921

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Edmondson Ave. St. 16-A Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Cecelia Green

(a) Residence: No. 2704 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. Green

6. DATE OF BIRTH (month, day, year) November 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Virginia

FATHER

13. NAME Patrick Henry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Rebecca Smith

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

17. INFORMANT Mr. Charles W. Green

(Address) 2704 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date July 7, 1934

19. UNDERTAKER Joseph D. Cook

(Address) 1003 N. Baltimore St.

20. FILED Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to July 3, 1934

I last saw her alive on July 3, 1934. Death is said to have occurred on the date stated above, at 7.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Dropsy.	
	7/1/34

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

7/5/34 (Signed) H. K. Campbell M. D.

(Address) 1644 S. Hanover St.

State CAUSE OF DEATH in plain terms, and that in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

35 - 1934

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

02922

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2704 Garrison B'lvd. St., 15-81 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L. Crusey

(a) Residence: No. 2704 Garrison B'lvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8th. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caroll Co.
(State or country) Maryland

FATHER
13. NAME William Crusey
14. BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland

MOTHER
15. MAIDEN NAME Rachel Richardson
16. BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland

17. INFORMANT Miss Elizabeth Crusey
(Address) 2704 Garrison B'lvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 7, 1934
19. UNDERTAKER Joseph F. Cook
(Address) 1003 W. Baltimore St.

20. FILED 7-5-1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 5th. 1934

22. I HEREBY CERTIFY, That I attended deceased from ✓, 1914 to July 5, 1934.
I last saw h.r alive on July 25, 1934. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcino-Sclerosis	1914
Chronic Intestinal Nephritis	"
Arterio Cerebral Sclerosis	1924
Other contributory causes of importance:	
Bronchio Pneumonia	7-3-34

Name of operation ✓ Date of ✓
What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? Back
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Bishop, M. D.
(Address) 12 East 25th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 02923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

02923

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Korhac

(a) Residence: No. 521 S. Rappolla St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Korhac

14. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER

15. MAIDEN NAME Anna Bogden

16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMANT: George Korhac (Address) 521 Rappolla St.

18. BURIAL, CREMATION, OR REMOVAL: Place Oak Lawn Date July 7, 1934

19. UNDERTAKER: John G. Connelly (Address) Essex, Md.

20. FILED: July 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull accidental	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/2, 1934

Where did injury occur? 521 S Rappolla (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off Porch.

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. J. Kenny M. D. Coroner

(Address) 13052 Falkner Rd

M. D. B. 1268-0

02924 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 02924

CERTIFICATE OF DEATH

46 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 E. Front Ave St. 23-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? 78 yrs. mos. ds.

2. FULL NAME George Edward Johnson

(a) Residence: No. 126 E Front Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Jane Johnson

6. DATE OF BIRTH (month, day, year) Apr 14, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) London, England

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) London, England

MOTHER

15. MAIDEN NAME Louisa Ward

16. BIRTHPLACE (city or town) (State or country) London, England

17. INFORMANT Mrs Mary J Johnson

(Address) 126 E Front Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date July 6, 1934

19. UNDERTAKER A Howard Evans C.E.

(Address) 326 E Pratt Ave

Registrar.

20. [illegible] 5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 3. 34.

22. I HEREBY CERTIFY, That I attended deceased from 3.19.1930, 19..., to July. 3. 34, 19...

I last saw him alive on July. 3. 1934. Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of small intestine	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X. Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St

State CAUSE OF DEATH in plain terms, so that any physician may understand it. Do not use abbreviations or technical terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. F 02925

F 02925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 1-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Magrill

(a) Residence: No. Sinai Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24 1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
31	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Graduate Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Louis Magrill

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Pearl Davis

16. BIRTHPLACE (city or town) Hungary
(State or country)

17. INFORMANT Mrs L. Magrill
(Address) Pocahontas, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Pocahontas, Va. Date July 6 1934

19. UNDERTAKER David Londrimo Co
(Address) 1904 Eutaw Place

Registrar

JUL 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 5 1934

I last saw h alive on July 5 1934 Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic angina	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

STATE CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 02926

F 02926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 23

1. PLACE OF DEATH The Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry H Hobbs

(a) Residence: No. Sykesville Md St., R F D 2 Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mrs. Harry Hobbs.

6. DATE OF BIRTH (month, day, year) Oct 1, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	64	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R Co

10. Date deceased last worked at this occupation (month and year) Sick 1 yr.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville Md.

FATHER

13. NAME Hamilton Hobbs

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Mary Jane Ford

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Mrs. Harry Hobbs
(Address) Sykesville, R F D 2 Md.

18. BURIAL, CREMATION, OR REMOVAL
Sykesville Md. Date July 6, 1934

19. UNDERTAKER Geo. Lee Sons
(Address) Sykesville Md.

20. FILED ... 19... Registrar.

JL 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/3/34, 19... to 7/6/34, 19...

I last saw him alive on 7/6/34, 19... Death is said to have occurred on the date stated above, at 3.57 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	June 30
Peritonitis	July 3

Other contributory causes of importance:
Diabetes mellitus
Tuberculosis

Name of operation Appendectomy Date of 7/3/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-2

F 02927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02927

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Ridgley St. 21-al (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Pines

(a) Residence: No. 1101 Ridgley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Yetta

6. DATE OF BIRTH (month, day, year) — 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — England

FATHER

13. NAME — Solomon Pines

14. BIRTHPLACE (city or town) (State or country) — England

MOTHER

15. MAIDEN NAME — Ella

16. BIRTHPLACE (city or town) (State or country) — England

17. INFORMANT — Sol Pines
(Address) 1101 Ridgley St

18. BURIAL, CREMATION, OR REMOVAL — Hebrew Westminster Date July 6 1934
Place

19. UNDERTAKER — S. Levinson Bro
(Address) 127 E Baltimore St

Reg. No. ... Reg. Dist. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16 1934 to July 4 1934

I last saw h— alive on July 3rd 1934 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver with metastasis to R. lung — Date of onset

Other contributory causes of importance:

Acute metastasis to lungs & ascites

Name of operation — none — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos H Phillips M. D.

(Address) 1939 Edmondson ave

OCCUPATION is very important. See instructions on back of certificate.

ULG-1934

Spec.—1-12-23—M&T—500 Blks.

F 02928 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02928

CERTIFICATE OF DEATH.

95-002

REGISTERED NO. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Sequoia Ave ST. 15-01 WARD)

2-FULL NAME Elizabeth Bell Ebaugh.

(a) RESIDENCE NO. 3703 Sequoia Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? —— yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Zachariah C. Ebaugh

6 DATE OF BIRTH (month, day, and year) 25 Jan 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	76	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ——
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER James Gosford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant (Address) Mrs Minnie Ebaugh 3703 Sequoia Ave

15 Filed 6-1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 — 19 34

17 I HEREBY CERTIFY, That I attended deceased from , 19 26 , to July 5 , 19 34

that I last saw her alive on July 4 , 19 34

and that death occurred, on the date stated above, at 6.20 p m.

The CAUSE OF DEATH* was as follows:

Hypertension Arteriosclerotic Cardiovascular Disease. Auricular Fibrillation.

DUE (duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? —— Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

, 19 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	July 9 1934
20 UNDERTAKER Berryman & Sons	ADDRESS Reisterstown

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

F 02929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02929

CERTIFICATE OF DEATH.

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospitals St. 1-01 Ward)

2-FULL NAME Theodore Szymanik

(a) RESIDENCE NO. 2412 Float Street St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18, 1932

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	1	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Luke Szymanik

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Wieczorek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mother

(Address) [illegible] Float St.

15 Filed 1934 [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 193[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed chest
internal injuries

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Automobile accident

(duration) yrs. mos. 1 ds.

(Signed) John Young M. D.
(Coroner)

, 19 (Address) 2200 E Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery

Date of Burial July 6 19 34

20 UNDERTAKER John M Weber ADDRESS 401 E. Chester St

Similar to auto death on page 1 of this book 7/4/34

M. D. B. 12

F 02930

F 02930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Shields Pl St., 17-81 Ward)

Length of residence in city or town where death occurred 38 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Edith Thomas

(a) Residence: No. 909 Shields Pl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Opt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Oct. 1933

11. Total time (years) spent in this occupation Well

12. BIRTHPLACE (city or town) (State or country) Kingwilliams Co Va

FATHER

13. NAME John Berry

14. BIRTHPLACE (city or town) (State or country) Kingwilliams Co Va

MOTHER

15. MAIDEN NAME Cleasia Burrell

16. BIRTHPLACE (city or town) (State or country) Kingwilliams Co Va

17. INFORMANT Sigmund Gerald (Address) 909 Shields Place

18. BURIAL, CREMATION, OR REMOVAL Place West Point Va Date 7/8/34

19. UNDERTAKER Bernard Stemley (Address) 818 Druid Hill Ave.

20. FILED 19 [illegible]

JUL 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934 to July 4, 1934

Last saw h[illegible] alive on July 4, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/2 1934

Other contributory causes of importance:

Carcinoma	6/24 1934

Name of operation None Date of 7/0

What test confirmed diagnosis? None Was there an autop[illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 02931

F 02931 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Preston ST. 11-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Ross

(a) RESIDENCE NO. 308 Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. nos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Dennis Ross

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Cambridge Md

PARENTS

10 NAME OF FATHER: Samuel Ross

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Cassada Jenkins

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Dennis Ross

(Address): 308 N. Preston St.

15 Filed - 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3, 1934

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to July 3, 1934, that I last saw her alive on July 3, 1934 and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Ptomaine Poisoning

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White. M. D.

19 (Address) 1031 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: 7/6/34 19

20 UNDERTAKER: B. P. Hamsley.

ADDRESS: 8/6 Dennis [illegible]

important. See instructions on back of certificate.

M. D. B. 1268-9

F 02932 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02932

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Puget St. 25-A Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Patterson

(a) Residence: No. 2406 Puget St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Patterson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lena Hall
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT mother
(Address) 2406 Puget St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ch Date 7/7 1934

19. UNDERTAKER Joseph Y. Locke Jr.
(Address) 1302 Lafayette St.

[illegible] Registrar

JUL 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/18 1934 to 7/4 1934
I last saw h[illegible] alive on 7/3 1934 Death is said to have occurred on the date stated above, at 1025 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1-B-M Rectum	10/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Hawkins M. D.

(Address) 912 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 02933

HEALTH DEPARTMENT—CITY OF BALTIMORE

02933

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-01 Ward)

Length of residence in city or town where death occurred 1/2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Diffendal

(a) Residence: No. Frederick, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 03

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Louis Doll

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Anna Gale

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT (Address) Mrs Hope Reads Mrs Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Frederick, Md Date 7-9-34

19. UNDERTAKER (Address) C E Glunt & Son Frederick Md

20. FILED JUL 6 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1922 to July 6, 1934 I last saw her alive on July 6, 1934 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis Valvular insufficiency Arteriosclerosis	1930
Involutional melancholia	1920

Other contributory causes of importance:

Name of operation None Physician Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

I HEREBY CERTIFY, That I attended the deceased (signed) Nelson P Hall, M. D.

(Address) Mrs Hope Retreat.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

02934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02934

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 No Carey St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Mitchell

(a) Residence: No. 1306 No Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henrietta Mitchell

6. DATE OF BIRTH (month, day, year) Feby 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Bertha Mitchell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henrietta Mitchell

(Address) 1306 No Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date July 7 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 [illegible] Baltimore, Md

JULY 6 - 1934 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arteriosclerosis Heart	July 3-34

Other contributory causes of importance:

No Specific cause learned obtained from History.

Name of operation Injuries Date July 3-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 1610 Kennedy

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 02935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02935

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Simmons
(a) Residence: No. 1440 Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) September 20-33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ella Simmons

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Ella Simmons 1440 Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date July 6 34

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Presstman St

FILED 19 Attorney for Petitioners, Apt.

JUL 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 2-34

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Yolantis M. D.
(Coroner)
(Address) 16 So Howard

OCCUPATION is very important. See instructions on back of certificate.

0293-36

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE02936

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Queen

(a) Residence: No. 636 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Queen

6. DATE OF BIRTH (month, day, year) Apr 2 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Josephine Queen
(Address) 1341 N mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date July 7 '34

19. UNDERTAKER Thomas E Nelson
(Address) 1303 Pennsylvania Ave

Huntington Ave Funeral Home Md

JUL 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. E. Klemperer M. D.
Coroner

(Address) 302 N Gilmor Balto

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

F 02937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Homewood Apts
CITY OF BALTIMORE: (No. Charles & 31st St) 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Miller Wagner

(a) Residence: No. Charles & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Henry Wagner

6. DATE OF BIRTH (month, day, year) Nov 13-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Peter J. Miller
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Johanna Conrad
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Harry M. Wagner
(Address) 3607 Greenway Fulton

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/7/34

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Johnston Ave

20. FILED JUL 6 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to July 5, 1934.
I last saw h[er] alive on July 5, 1934. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:
Chronic Nephritis — Date of onset Nov 5/33

Other contributory causes of importance:
Senility

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Peter J. Murray, M. D.
(Address) 510 N. Fremont Ave.

Attending Physician.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 02938

F 02938 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 St. Paul St. St. 12-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARK D. HARRIGAN,

(a) Residence: No. 2909 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15th. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printers Supplies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME David Harrigan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Deborah Lewis

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Edith F. Becker
(Address) 2909 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 7th. 1934

19. UNDERTAKER Chas P. Kane & Son
(Address) 718 W. Mt. Royal Ave.

20. FILED JUL 6 - 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th. 1934

22. I HEREBY CERTIFY, That I attended deceased (from March 1 1934 to July 4 1934.

I last saw him alive on 7/4/34 Death is said to have occurred on the date stated above, at 1040 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	2 yr.
Intestinal Hemorrhage	2 days

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry W. Lewis M. D.

(Address) 104 W. Madison St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 02939 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-003 F 02939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 E. Biddle St. St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY A. RAFFERTY.

(a) Residence: No. 905 E. Biddle St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Whiten	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Rafferty

6. DATE OF BIRTH (month, day, year) Sept. 5th, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	;;;;;;;	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME Jacob Engle

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Rafferty

(Address) 905 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 9th. 34

19. UNDERTAKER Chas. J. Spence Son

(Address) 115 W. Lanvale ave

20. FILED JUL 6 - 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to July 5th 1934

I last saw her alive on July 5th 1934. Death is said to have occurred on the date stated above, at 9:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio Vascular Disease with Auricular Fibrillation	Unknown
Other contributory causes of importance: Cerebral Embolism	July 4th
Bronchio Pneumonia	July 4th

Name of operation — Date of —

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Alex A Weinstock M. D.

(Address) 713 Augusta St

v s 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

02940 HEALTH DEPARTMENT—CITY OF BALTIMORE 02940

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 15-21 Calvert) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Annie Koch

(a) Residence: No. 2209 Callow Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) February 28, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helena Techt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dickeyville Cemetery Date July 6 1934

19. UNDERTAKER J. Charles Ste

(Address) 2432 Reisterstown Rd

FILED JUL 6 1934 Signature for Registrar, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1934, to July 5, 1934. I last saw her alive on July 5, 1934. Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Carcinoma of breast	?
Other contributory causes of importance:	
Generalized carcinomatosis carcinoma	?

Name of operation Laparotomy Date of Jan 24,

What test confirmed diagnosis? Gyn. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rutherford Hall, M. D.

(Address) Mercy Hospital Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 02941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02941

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Inf Registered No.

CITY OF BALTIMORE: (No. Levindale St. 27-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Steckert

(a) Residence: No. Belvedere & Greenspring aves.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Hirschowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Hartz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Hirschowitz

(Address) 3603 Falls Road

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt. Carmel Rd. Date July 6 19 34

19. UNDERTAKER Sol Levinson & Bro

(Address) 1129 E Balto St

20. FILED [illegible] Registrar.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1929 to 7-6 1934

I last saw her alive on 7-5 1934 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia, right side — Date of onset
Hypertension
Mitral insufficiency

Other contributory causes of importance:

Chr. Bronchitis
Emphysema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Kern M. D.

(Address) Levindale

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION in every case. See instructions on back of certificate.

F 02942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02942

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital No-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Maloney

(a) Residence: No. [illegible] Woodlawn, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene T. Maloney

6. DATE OF BIRTH (month, day, year) August 29, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11 10	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Factory

10. Date deceased last worked at this occupation (month and year) 11 years?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Thomas Maloney

14. BIRTHPLACE (city or town) (State or country) N. Y. City

MOTHER

15. MAIDEN NAME Mary Meehan

16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

17. INFORMANT Balto City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date July 9 1934

19. UNDERTAKER Jos. Ph. Brook

(Address) 1003 W. Baltimore St.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1934 to 7-4 1934

I last saw him alive on 7-4 1934. Death is said to have occurred on the date stated above, at 10 20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicose ulcers both legs.	?
Other contributory causes of importance: Bronchopneumonia bilateral	4 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

02943 HEALTH DEPARTMENT—CITY OF BALTIMORE 02943

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ---mos.---ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Barresse.

(a) Residence: No. 917 Low St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, HUSBAND of Mary Barresse.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	------	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Aid St. Vincent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church. obc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Annie Soristerio.

(Address) 917 Low St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 7 34

19. UNDERTAKER Wendell J. Pettit

(Address) 300 [illegible] Baltimore, Md.

[illegible] Registrar.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to pistol shot wound of abdomen.	
Homicide.	

Other contributory causes of importance:

Name of operation Yes. Date of

What test confirmed diagnosis? Autopsy & inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 7/2/34 19

Where did injury occur? Lexington near High st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Pistol shot wound.

Nature of injury of abdomen.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto E. Reinhardt M. D. Coroner

7/6/34 (Address) 1017 E. Charles st.

M. D. B. 1268-9

F 02944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02944

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Riverside Ave Ward) 1-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Brown

(a) Residence: No. 1504 Riverside Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 16-1867

7. AGE: Years 66 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): W. Va

FATHER

13. NAME: Hermann Brown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Weber

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Charles W. Brown 1504 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL: Westernport Md. July 6- 1934

19. UNDERTAKER (Address): Maynard H. Flynn 1407 N. Eutaw St.

20. FILED: July 6-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 19.. to July 5 19.34

I last saw h.. alive on July 5 1934 Death is said to have occurred on the date stated above, at 2.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1 yr.
Other contributory causes of importance:	
Chronic Pneumonitis	1 yr.
Chronic Interstitial Nephritis	1 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? Coroner Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sidney H. Stuart M. D.

(Address) 45 E. Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

s 3

F 02945

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02945

CERTIFICATE OF DEATH

V82-001

Registered No. 27-91

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1307 Appleby Ave. W. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna L. Roche
(a) Residence: No. 1307 Appleby Ave. W. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sylvester J. Roche

6. DATE OF BIRTH (month, day, year) Feb. 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5 4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER
13. NAME James Ryan
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Annie Hayes
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. A. J. Dwyer 1307 Appleby Ave

18. BURIAL, CREMATION, OR REMOVAL Hopkins
Place St. Mary's Date July 7th 1934

19. UNDERTAKER (Address) Albert H. Feeley 440 E. North Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to July 4 1934
I last saw h[illegible] alive on July 4 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmhage.	
Hypertension	
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. G. Dwyer M. D.
(Address) 3501 Eastern Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6-1934

M. D. B. 1268-9

F 02946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02946

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp St. W-6 (Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Sterling

(a) Residence: No. 736 W. Fayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ... Newborn

6. DATE OF BIRTH (month, day, year) 7-2-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robt Sterling

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Clara Edwards

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Clara Sterling

(Address) 736 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date July 6 1934

19. UNDERTAKER Hunting for Funeral Home

6-1934

20. FILED 0526 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-2 1934 to 7-2 1934

I last saw him alive on 7-2 1934 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity. (32 wks)

Date of onset

Other contributory causes of importance: Compound Presentation Premature Labor.

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Savage M. D.

(Address) Univ Hosp

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 02947

02947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Lee

(a) Residence: No. Sparrows Point, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 24 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Raymond Lee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Roberta Parks

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med College Date July 6, 1934

19. UNDERTAKER [illegible]
(Address)

20. Filed ..... 1934 ..... Registrar.

(5529)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1934, to June 17th, 1934

I last saw her alive on June 17th, 1934 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	6-17-34

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Spence Jr. M. D.

(Address) [illegible]

P. S. 3 — State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 02948

HEALTH DEPARTMENT—CITY OF BALTIMORE

02948

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals D.D. St., 10 Ward) 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Carter

(a) Residence: No. 214 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Halifax County
(State or country) Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Margaret Stapley (daughter)
(Address) 214 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Albury cemetery Date July 7. 1934

19. UNDERTAKER Edw Bryan
(Address) 1431 Orleans St

FILED JUL 6 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st. 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/29/34 19 to 7/1/34 19

I last saw her alive on 7/1/34 19 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	
Cardiac Failure	

Other contributory causes of importance:

Hemorrhoid Hemorrhoidectomy

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Feldmeier M. D.

(Address) Bolton & Eutaw Sts

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 02949

02949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Langley (Lang)

(a) Residence: No. 409 Lewis St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah (dead)

6. DATE OF BIRTH (month, day, year): April 15, 1866

7. AGE: Years 68; Months 2; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: James

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Alice Edwards

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Records Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: asbury cemetery Date: July 7 1934

19. UNDERTAKER (Address): Edw Bryan 1101 Orleans St

Registrar.

JUL 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937 to July 5, 1937

I last saw him alive on July 5, 1937. Death is said to have occurred on the date stated above, at 1:15 Am.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset: 3 mo.?

Congestive failure — ?

Hypertension

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 02950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 25568 F 02950

CERTIFICATE OF DEATH

13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Bruce

(a) Residence: No. 702 E Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-15-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Bernard Bruce

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Carrie Elliott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, REMOVAL Date ..... 19..
Place State Anatomical

19. UNDERTAKER
(Address)

..... Registrar.

6-1934 Huntington Williams, M.D.
05:30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to June 27, 1934

I last saw her alive on June 27, 1934 Death is said to have occurred on the date stated above, at 9 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Dispar Dysentery	
Coeliac	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Stool Culture of B. Dispar Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Cronkhite Jr M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-0

F 02951

02951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 89-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anne Pendleton

(a) Residence: No. 1417 E. Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/1/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ~~Unknown~~ Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date July 6 1934

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED 7-6-1934 [illegible] Registrar

0531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h[illegible] alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

[redacted]
Septicemia ?
Convulsions

Date of onset
12 hrs
"
"
"
"
3 days
4 hrs

Other contributory causes of importance:
Otitis media
Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A Washington M. D.

(Address) Johns Hopkins

M. D. P. 1268-9

F 02952

F 02952 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 W. Lanvale St., 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Gomez

(a) Residence: No. 1602 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1934

7. AGE	Years	Months	Days	If LESS than 1 day 8 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Gomez

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Georgiana Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Father
(Address) 1602 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med College Date July 6, 1934

19. UNDERTAKER
(Address)

20. Filed July 6, 1934. Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 6, 1934

I last saw him alive on July 6, 1934 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Congenital Debility~~ Prematurity	
Other contributory causes of importance: Prematurity 7½ mos.	

Name of operation Date of

What test confirmed diagnosis Clinically, there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. Alexander Horey M. D.

(Address) 1516 Madison ave.

M. D. B. 1268-9

F 02953

02953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Cator Ave St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Vincent Fenbar Coughlin

(a) Residence: No. 710 Cator ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Kath R. Coughlin

6. DATE OF BIRTH (month, day, year): Aug 5, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sun Paper

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent at this occupation: 34 yrs

12. BIRTHPLACE (city or town) (State or country): Wash. D. C.

FATHER

13. NAME: John J. Coughlin

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Dooley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Vincent Coughlin

(Address) 710 Cator ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date July 7, 1934

19. UNDERTAKER: J. A. Moran

(Address) 3000 E. Balto St.

20. FILED [illegible] Registrar.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/29 1934 to 7/4 1934

I last saw h[illegible] alive on 7/4 1934 Death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Year

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Printer If so, specify

(Signed) Dr Bernard Loss M. D.

(Address) 1216 N. Calvert St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 02954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02954

CERTIFICATE OF DEATH

XV 124-002

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Mebane & Caton Ave) St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Richmond Robertson

(a) Residence: No. Garden Apts. Stoney Run Lane & N. 39th Wm. Savannah Ga.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise M. Robertson

6. DATE OF BIRTH (month, day, year) April 28-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Cotton Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah, Ga

FATHER

13. NAME John J Robertson

14. BIRTHPLACE (city or town) (State or country) Charleston S.C.

MOTHER

15. MAIDEN NAME Ella B. Robertson

16. BIRTHPLACE (city or town) (State or country) Athens Ga

17. INFORMANT (Address) Mrs. Louise M. Robertson Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Savannah, Ga Date July 6- 1934

19. UNDERTAKER (Address) Horace H. Burgee Baltimore & Falls Road

20. [illegible] Attendant for Funeral Director

S 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-34. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1. 1934 to July 6. 1934

I last saw him alive on July 6. 1934 Death is said to have occurred on the date stated above, at 9:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Pneumonia Diabetes Mellitus	June 15

Other contributory causes of importance: Chronic Interstitial nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Vernon F Kelly M. D.

(Address) 606 Somerset Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 02955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02955

CERTIFICATE OF DEATH

122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad W. Heilmann

(a) Residence: No. 3215 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 31, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. c46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John Heilmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary E. Miller

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date July 9 1934

19. UNDERTAKER Henry Hoen's Sons, Inc.
(Address) 1301 E. Eager St.

20. Filed July 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934 to July 6, 1934

I last saw h alive on July 6, 1934 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Disease, Myocardial Insufficiency	
Other contributory causes of importance: Fatty heart, Paralytic ileus	

Name of operation Bogan's hernia Date of June 30 '34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Clement M.A. M. D.

(Address) Mercy Hospital, Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 02956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02956

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 1200 (Add)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Reich or Rich

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fennie Miller

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stev. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

FATHER

13. NAME John Reich or Rich

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Magdalena Kraft

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor-1200-Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 7 1934

19. UNDERTAKER Reba Wachsberg
(Address) 914 Greenmount Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 July 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to July 5 1934

I last saw him alive on July 2 1934 Death is said to have occurred on the date stated above, at 7 [illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Impacardia	
Arter Sclerosis	
Acute Dilatation	1/2 hr

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 F 1934

M. D. P. 1268-9

F 02957

02957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clara Penick

(a) Residence: No. 813 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cleo ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Allen Vaughan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Morgan ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Burrsville Va Date June 4th 1934

19. UNDERTAKER Edwin G. Wilson (Address) 1605 Brantley Ave

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 3 1934

I last saw her alive on July 31 1934 Death is said to have occurred on the date stated above, at 7 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Nephritis, interstitial. C. uremia	? 3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) I Magid M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 6 - 1934

M. D. P. 1268-9

✓ F 02958

02958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1654 N. Monroe St. | 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Riedeman

(a) Residence: No. 1654 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Mary Riedeman

6. DATE OF BIRTH (month, day, year): Oct 6th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Distiller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): Aug 1933

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Buffalo N.Y.

FATHER

13. NAME: John Frederick Riedeman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mary Riedeman 1654 N. Monroe st

18. BURIAL, CREMATION, OR REMOVAL Place: Balto Date: July 7th 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: JUL 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1934 to July 3rd 1934.

I last saw him alive on July 2nd 1934. Death is said to have occurred on the date stated above, at 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1 yr
Other contributory causes of importance:	
Mitral insufficiency	2 mo

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Brook M. D.

(Address) 120 W Lanvale St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53

I. 1934

0

M. D. B. 1288-9

✓ F 02959

02959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Gorsuch Ave St. 2-9-21 Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Louis Schmidt

(a) Residence: No. 525 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Smith

6. DATE OF BIRTH (month, day, year) Aug. 26, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. See Blank

10. Date deceased last worked at this occupation (month and year) July 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Nicholas Schmidt

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Wenzel

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Jos. M. Schmidt (Address) 525 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date July 7th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

19. FILED July 7 1934 Registrar Wilmington Miller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934 to July 6, 1934

I last saw h.. alive on July 5 1934 Death is said to have occurred on the date stated above, at 12 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocardio-cardiac arterial hypertension	4 yrs
Chr Nephritis	7
Other contributory causes of importance:	
acute myocardial failure	8 days
Lobar pneumonia	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Jos. B. Peters, M. D.

(Address) 2202 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L. 7. 1934

M. D. P. 1268-9

F 02960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02960

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 16-91 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A B. Freburger

(a) Residence: No. 5 or Ashburton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~WIFE~~ Mary A. Freburger

6. DATE OF BIRTH (month, day, year) April 12th 1862

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
72 71	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pipe Fitter

10. Date deceased last worked at this occupation (month, year) 1932

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter V. Freburger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sallie A. Demus

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sarah R. Haddox
(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 9th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Wallis by Registrar

JUL 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29th 1934 to July 6th 1934

I last saw h[illegible] alive on July 6th 1934 Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	6-29-34

Other contributory causes of importance:

Pneumonia	7-3-34
Paralytic Ileus	7-2-34

Name of operation Appendectomy & Colostomy Date of July 3rd 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. R. Cobleson M. D.

(Address) Mercy Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 02961

HEALTH DEPARTMENT—CITY OF BALTIMORE

02961

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1914 Lord Shepherd Road St., ... (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sallie Mitchell

(a) Residence: No. 502 N. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C. A.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Mitchell

6. DATE OF BIRTH (month, day, year) August 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

17. INFORMANT Paul Mitchell
(Address) 502 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 7 1934

19. UNDERTAKER Bennett Barnes
(Address) 716 Pennsylvania Ave.
Huntington Williams, Mgr.

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to July 5, 1934. Death is said I last saw h[illegible] alive on July 4, 1934. Death is said to have occurred on the date stated above, at 12:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2 days
Uremia Toxemia	4 days

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert E. Brown M. D.

(Address) 923 E. Fredrick St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 7-1934

Spec.—9-30—A. & Co.—250 Bks.

F 02962

02962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1135 Harlem ST 16-01 WARD)

2-FULL NAME Clark Stewart

(a) RESIDENCE NO. 1135 Harlem ST.. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hammerer

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Margaret Steward
(Address) 1135 Harlem Ave

15 Filed JUL 7 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4-34

17

I HEREBY CERTIFY. That I attended deceased from June 1, 1934, to July 4, 1934

that I last saw h alive on July 4, 1934

and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(duration) ..... yrs. ..... mos. 29 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. H. Haller M. D.

7-5 19 34 (Address) 1135 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 7-7 19 34

20 UNDERTAKER David Easton

ADDRESS 916

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

F 02963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02963

CERTIFICATE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Spielman

(a) Residence: No. 8207 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilhelmina Spielman

6. DATE OF BIRTH (month, day, year) June 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Henry Spielman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jos. Miller (Address) Parkville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Luth. Date July 8 . 1934

19. UNDERTAKER Frederick Lazzaleno (Address) 7401 Belair Road

L 7-1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ingun . 19 . to . 19

I last saw him alive on ingun . 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Crushed Chest
Internal Injuries

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 7/4. 1934

Where did injury occur? Harford Rd nr. Garrett Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Struck by auto while

Nature of Injury walking in road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 02964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Light St. St. 23-01 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emerson E. Hasting

(a) Residence: No. 1732 Light St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6m	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) balto. md.

FATHER

13. NAME George Hasting

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth M. Peters

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Hasting
(Address) 1732 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 7, 1934

19. UNDERTAKER L. Frew M. Cully
(Address) 130 E. Fort Ave.

FILED JUL 7 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to July 6, 1934
I last saw h[illegible] alive on July 6, 1934. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	6/22/34
Other contributory causes of importance: Exhaustion	7/5/34

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. H. Caudell M. D.
(Address) 1644 Hanover St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02965

F 02965

CERTIFICATE OF DEATH

93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 N. Washington St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicola Spartona

(a) Residence: No. 615 N. Washijgton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Giovannina Spartona

6. DATE OF BIRTH (month, day, year) Nov 4/1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	67	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete & Cement Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sorrento, Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT H.R.Spartona
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 9th 1934

19. UNDERTAKER Geo M. Zinn & Son
(Address) 811 N. Wolfe St

JUL 7 - 1934 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Probably Cardial Insufficiency

Other contributory causes of importance:

Probably heat conditions (weather) contributed

Name of operation ... Date of no

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 508 E Fayette

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 02966

02966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1361 No Gilmor St., 15-91 Ward)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Warfield

(a) Residence: No. 1361 Gilmor St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): Aug 21-31

7. AGE: Years 3; Months; Days 14; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Elijah Warfield

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md

MOTHER

15. MAIDEN NAME: Mary Hardesty

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Elijah Warfield 1361 Gilmor St

18. BURIAL, CREMATION OR REMOVAL: Place Mt Zion Cemetery Date July 7, 1934

19. UNDERTAKER (Address): U. A. Brooks 1463 McCulloh St

20. FILED: July 7-1934 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on . Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestion of Brain and Lungs	July 5-34
Convulsions	July 5-34

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 11 So Howard

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 02967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02967

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 1-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred fifty-six mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Northern

(a) Residence: No. 521 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) Aug. 1933

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Northern

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date July 8th 1934

Place Mt Auburn Cem

19. UNDERTAKER Byron & Manuel W. Knight

(Address) 218 McCulloh St

20. FILED July 8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to July 5, 1934

I last saw h[illegible] alive on July 5, 1934. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	2 years
Other contributory causes of importance: Lobar Pneumonia	1 month

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Buttenwieth M. D.

(Address) Mercy Hospital

INSTRUCTIONS: Information should be carefully supplied. NOTE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-1934

Spec.—1-30—M. & T.—250 Bks

02968 F 02968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 112-W 22 ST. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Walter Clay

(a) RESIDENCE NO. 112-W 22 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Maggie Clay

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Clay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Maggie Clay

(Address) 112 W 22

Filed July 7 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1934

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to July 4, 1934, that I last saw him alive on July 2, 1934, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Physician's Ex.

What test confirmed diagnosis?

(Signed) R. Garland Church M. D.

July 6, 1934 (Address) 1534-20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL July 7 1934

20 UNDERTAKER Mrs. Robert A. Elliott Daughter — ADDRESS 1129 Eastern

JUL 7-1934

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1208-9

F 02969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02969

179

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry L. Heiser

(a) Residence: No. 714 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Heiser

6. DATE OF BIRTH (month, day, year) Aug 18 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Heiser

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Quaty

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John Heiser
(Address) 714 S. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 7, 1934

19. UNDERTAKER John Weikert
(Address) 2008 Orleans

FILED JUL 7 - 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Undetermined-probably overdose of opiate-prescription-unaware of content.

Other contributory causes of importance:

Renal colic-impacted stone in rt ureter.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? ye

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.
(Address)

use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 02970

F 02970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 34

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Woods

(a) Residence: No. 1019 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Carrie Woods

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Woods

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Va Date 7/7/34 19

19. UNDERTAKER Chas. H. Cohen & Son
(Address) Huntington Williams & Co

Registrar.

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1934, to 7/6, 1934

I last saw h.m. alive on 7/5, 1934. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: C.N.S. Syphilis	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

I saw ... Specify ... M. D.

(Signed) Harry Goldwater City Hospitals

(Address)

JUL 7 1934

information should be carefully supplied. Attention should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02971

Spec.—9-30—A. & Co.—250 Bks.

02971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 W. Fayette ST. 5-01 WARD)

2. FULL NAME Etta James

(a) RESIDENCE NO. 1043 W. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col.	Married

5a If married, widowed, or divorced (or) WIFE of Wilson James

6 DATE OF BIRTH (month, day, and year) 3/4/1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic (37)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self. Washington D.C.

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Lott McClain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Darlington S.C.

12 MAIDEN NAME OF MOTHER Phyllis Mowry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Darlington S.C.

14 Informant Wilson James

(Address) 1043 W. Fayette ST. Huntington W. Va.

15 Filed JUL 7 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6/34

17 I HEREBY CERTIFY, That I attended deceased from July, 1937, to July 6, 1934, that I last saw h alive on July 6, 1934, and that death occurred, on the date stated above, at 4:45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? H. H. Hatcher M. D.

(Signed) H. H. Hatcher

7/6, 1934 (Address) Huntington W. Va.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington S. C.

20 UNDERTAKER Chas. E. Cooper

DATE OF BURIAL 7/7/34

ADDRESS 5 N. Calvert

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-9

F 02972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02972

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7001 Eldorado Ave St. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob M. Marks

(a) Residence: No. 7001 Eldorado Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian Marks

6. DATE OF BIRTH (month, day, year) Feb. 7, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Deborah

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Sig. Rehfeld

(Address) 7001 Eldorado Ave

18. BURIAL, CREMATION, REMOVAL

Place Beth Israel Date 7/8/34

19. UNDERTAKER Gahrens & Co.

(Address) 2222 Pennsylvania Ave

20. Washington Blvd & Arlington Ave

L 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adolph Weinzirl, M. D.

(Address) Health Dept

Information should be carefully supplied. Age should be given in YEARS. PRACTICES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Spec. - 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. Duplicate

1-PLACE OF DEATH 4001 Eldorado Av

CITY OF BALTIMORE: (No. 4001 Eldorado Ave WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob M Marks

(a) RESIDENCE NO. 4001 Eldorado Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 78 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York City

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6th 19 34

17

I HEREBY CERTIFY, That I attended deceased from July 6th, 19 34, to July 6th, 19 34, that I last saw h alive on July 6, 19 34, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Coronary embolism

(duration) yrs. mos. 15 days

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Exam & History

(Signed) Joseph E Richman M. D.

19 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20 UNDERTAKER | ADDRESS

M. D. B. 1268-9

F 02973

F 02973 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Abr Phillips Smeak~~ Philip Smeak

(a) Residence: No. 1939 Ridgehill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Elizabeth Mary Smeak~~ Frances M. Smeak

6. DATE OF BIRTH (month, day, year) Sept 19-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~68~~ 61	9	17		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Smeak

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Freyers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs F M Smeak

(Address) 1939 Ridgehill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 9 . 1934

19. UNDERTAKER Wm J Jackson & Sons Co

(Address) [illegible]

20. FILED JUL 7-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1934 to July 6 . 1934

I last saw him alive on July 6 . 1934 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphoid Leukemia	
Congestive Heart Failure	1 yr.

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ECG Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... . 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A W Langeluttig M. D.

(Address) Univ. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 02974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02974

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Shields Pl St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Wiley

(a) Residence: No. 913 Shields Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widowed

3a. If married, (widowed, or divorced) HUSBAND of (or) WIFE of Anthony

6. DATE OF BIRTH (month, day, year) March 1, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Anthony

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Fannie Thomas
(Address) 913 Shields Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 7, 19 34

19. UNDERTAKER Mrs Katie P Williams
(Address) 322 N. Schroeder St.

20. Filed JUL 7 1934, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 34

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934 to July 4, 1934

I last saw h[illegible] alive on July 4, 1934. Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/2 1934
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN: should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 7 1934

M. D. B. 1268-9

F 02975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02975

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Cedardale Road 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Lange

(a) Residence: No. 3502 Cedardale Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick H. Lange

6. DATE OF BIRTH (month, day, year) Nov. 20. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Horn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emil L. Leitch

(Address) 2308 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 9 1934

19. UNDERTAKER Mrs. John W. Triffle & Son

(Address) 801 W. Fayette St

20. FILED ..... 19.. Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 1934

22. I HEREBY CERTIFY, That I Attended deceased from Dec 12 1933 to July 6 1934

I last saw her alive on July 5th 1934. Death is said to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gallbladder	1933.
Other contributory causes of importance: Terminal Uremia	3 day

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Wood M. D.

(Address) 1331 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 7 - 1934

M. D. [illegible]

F 02976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02975

CERTIFICATE OF DEATH

X V 46

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 7-5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James M. Mullen

(a) Residence: No. Emmitsburg Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) July 25 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Patrick Mullen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Edgar Mullen

(Address) Emmitsburg Md

18. BURIAL, CREMATION, OR REMOVAL Emmitsburg Md Date July 7 1934

19. UNDERTAKER H. D. Shuff

(Address) Emmitsburg Md

20. FILED JUL 9 1934 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to July 7, 1934

I last saw h[illegible] alive on July 7, 1934 Death is said to have occurred on the date stated above, at 12 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	7/6/34
Cachexia	
Cystitis	
Thrombosis	
Pulmonary Thrombosis	7/6/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon D. Healy M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 02977

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02977

CERTIFICATE OF DEATH

X 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 2 ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Mrs. Daisy Wilkins - Jewell

(a) Residence: No. Rock Hall, Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Jewell

6. DATE OF BIRTH (month, day, year) June 14, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall, Md.

FATHER

13. NAME Forest J. Wilkins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Eudora Betts

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Chapel Cem. Co. Date 7/9. 1934

19. UNDERTAKER Chas. L. Hold by Ralph Hunter and Chesterton Md.

(Address)

JUL 6 - 1934 19 E. L. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to July 7, 1934

I last saw her alive on July 7, 1934. Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 5, 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Proctor M. D.

(Address) Md Gen Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 8-9 F 02978

F 02978

2.87491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 53

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Victor Moss.

(a) Residence: No. Sand Run St., Ward. W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/15/10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME John Moss

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Eda Hantz

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Records.
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Buckhannon Date July 9th 1934

19. UNDERTAKER Elroy O. Wilson
(Address) 600 E. Broadway

Filed JUL 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-5- 1934, to 7-6- 1934

I last saw him alive on 7-6- 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor — malignant	Some ago?
Other contributory causes of importance	

Name of operation Rt. craniotomy Date of 7-6-34

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph A. Abercrombie M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 02979 HEALTH DEPARTMENT—CITY OF BALTIMORE F 02979

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Emanuel Koontz

(a) Residence: No. 101 West Main St., Ward. Westminster, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Margaret Koontz

6. DATE OF BIRTH (month, day, year) Nov. 30, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Creamery

10. Date deceased last worked at this occupation (month and year) June, 1934

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

MOTHER FATHER

13. NAME Emanuel Koontz

14. BIRTHPLACE (city or town) (State or country) Westminster Maryland

15. MAIDEN NAME Louise Muncks

16. BIRTHPLACE (city or town) (State or country) Westminster Maryland

17. INFORMANT Mrs. Mary Margaret Koontz
(Address) 101 West Main St. Westminster, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cem. Date 7/11/34, 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ... 19 ... Registrar

JUL 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934, to July 8, 1934

I last saw him alive on July 8, 1934. Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Diabetes	
Other contributory causes of importance:	
Broncho Pneumonia	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Lawrence L. Kopp M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

F 02980

F 02980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1—PLACE OF DEATH

REGISTERED NO. 9-01

CITY OF BALTIMORE: (No. 1908 Hope ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Delia Kunz

(a) RESIDENCE NO. 1908 Hope ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1862 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Marion Kunz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Jacob H. Evans

(Address) 1610 St. Stephens St.

15 Filed JUL 8 - 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/34

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1933 to July 6, 1934, that I last saw her alive on July 7, 1934 and that death occurred, on the date stated above, at 4:45 A. m.

The CAUSE OF DEATH* was as follows:

Cardiovascular renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia; diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1908 Hope St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Singer, M. D.

, 19 (Address) 504 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 7/9 1934

20 UNDERTAKER W. M. Cook

ADDRESS 1219 E. Fayette St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 28-9

F 02981

F 02981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28710 105

V 48

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 76-ab (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Yeager

(a) Residence: No. 320 S. Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6. If married, ~~widowed or divorced~~ (or) WIFE of George E. Yeager

6. DATE OF BIRTH (month, day, year): 9/2/84

7. AGE: Years 49 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Krupsak

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Wardus

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Family Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL: Place Sacred Heart Date 7/9/34

19. UNDERTAKER (Address): W. M. Cook 1211 E. Baltimore St

20. FILED JUL 8 1934 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934 to July 6, 1934

I last saw h alive on July 6, 1934 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Operative Shock	7-6-34
Carcinoma Cervix Uteri	?

Other contributory causes of importance:

Name of operation: Panhysterectomy Date of: 7-6-34

What test confirmed diagnosis: Biop. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. T. Bowers M. D.

(Address) Johns Hopkins Hospital,

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 02982

F 02982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Pairo

(a) Residence: No. 2540 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada (dead)

6. DATE OF BIRTH (month, day, year) Nov. 9 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME Thomas (Edwin Pairo)

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sarah Lamb

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date July 9th 1934

19. UNDERTAKER Wm Cook & Son 1217 St Paul St
(Address)

20. FILED JUL 8 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to July 7 1934

That I last saw him alive on July 7 1934 Death is said to have occurred on the date stated above, at 5-3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Prager M. D.

(Address) Balto. City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 02983

F 02983 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Clarkson St. 23-61 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elvira V. McAllister

(a) Residence: No. 1717 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. McAllister

6. DATE OF BIRTH (month, day, year) May 16th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Carrie Birdsall

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Carrie Donohue

(Address) 1717 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 9th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 8 1934 Wilmington Funeral Home 7/7/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25 1934 to July 6 1934

I last saw her alive on July 6 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/25/34
Other contributory causes of importance:	
Exhaustion	7/4/34

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. A. K. Campbell M. D.

7/7/34 (Address) 1614 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02984

M. D. B. 120

F 02984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 28-26 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louis J. Becker

(a) Residence: No. 621 Kingston Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Fryby Becker

6. DATE OF BIRTH (month, day, year) June 4th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minstrel Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John J. Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Marie C. Reisinger 621 Kingston Rd

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date July 10th 1934

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11 1934 to July 7 1934

Last saw him alive on July 7 1934 Death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance: Operation for prostate hypertrophy	6/19/34

Name of operation Bilateral suprapubic prostatectomy Date of operation 6/20/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Weissman M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02985

M. D. B. 1268-9

F 02985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union memorial Hospital 9-01 (Ward)

CITY OF BALTIMORE: (No. ..... St., ...

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William Evans

(a) Residence: No. 1620 Holbrook St St., Ward. B3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dykes Evans

6. DATE OF BIRTH (month, day, year) Feb 15, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Mr. William Henry

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 7/9, 34

Place Mt Olivet Cem

19. UNDERTAKER Wm Cook 1217 E Lexington St

(Address)

20. FILED 7-9-1934 Huntington [illegible]

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1934, to 7-6, 1934

I last saw him alive on 7-6-1934, at 8.55 P. m.

Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia - with pulmon. edema, myocardial Failure — Date of onset 7-4-34

Other contributory causes of importance:

Diabetes — 9-4-34

Diabetic Gangrene of leg (R) — unknown

Decompensated heart — 6-14-34

9-1-34

Name of operation Amp. of R. Leg Date of 6-14-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.P. Kober, M. D.

(Address) Union Memorial Hosp

INFORMATION TO BE FURNISHED BY PHYSICIANS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that it may be properly classified. Exact statement of information should be in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF DEATH is very important. state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. F 8-9 F 02986

F 02986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 30-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Hershey

(a) Residence: No. 2314 W Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Steven F Hershey

6. DATE OF BIRTH (month, day, year) July 26th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~69~~ 70	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md.

MOTHER

13. NAME ?

FATHER

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Eliz. Reynolds

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date July 9th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED July 10 1934 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to July 6, 1934

I last saw her alive on July 6, 1934 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Cerebral hemorrhage, left side	
& hemiplegia, right	2 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T D Magee M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

F 02987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02987

CERTIFICATE OF DEATH

Vinty

115-001

1. PLACE OF DEATH Md Gen. Hosp. 76-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joaquin Vinty

(a) Residence: No. 3310 S. Clinton St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 22 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bello Md
(State or country)

FATHER

13. NAME Geo Vinty

14. BIRTHPLACE (city or town) Argentina
(State or country)

MOTHER

15. MAIDEN NAME Carmella Lessa

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 9 1934

19. UNDERTAKER Frank T. Cipitone
(Address) 2818 E. Baltimore St

20. FILED JUL 8 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 28 . 19 ... to July 5 . 19 ...
I last saw h[illegible] alive on July 5 . 1934 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococci septicemia	

Other contributory causes of importance:

Bronchopneumonia
Staphylococci septicemia
Staphylococcic thrombosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J E Proctor . M. D.

(Address) Md Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

F 02988

F 02988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 X V 46

REGISTERED NO.

1. PLACE OF DEATH Church Home & Infirmary (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2. FULL NAME Miss Edith Keech Fallston, Md

(a) RESIDENCE NO. ~~Owings Mills~~ ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/1/1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fallston Maryland

PARENTS

10 NAME OF FATHER James Keech

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md

12 MAIDEN NAME OF MOTHER Rachel Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co. Md

14 Informant (Address) Church Home & Infirmary N. Broadway Balto

15 Filed JUL 3 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1934

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1934, to July 8, 1934, that I last saw her alive on July 7, 1934, and that death occurred, on the date stated above, at 5:45 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with metastases

(Duration) 2 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) anemia (secondary)

(Duration) 1 yrs. + mos. ds.

14 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Richard V. Hawes, M. D.

July 8 1934 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Forest Hill Co

20 UNDERTAKER Wm J Lichtenwalner

DATE OF BURIAL 7/10 1934

ADDRESS Hall & Sa

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHERE PRACTICABLE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. D. P. 1268-8

F 02989

F 02989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. 20-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 Edmondson Ave. St., 35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Bean

(a) Residence: No. 2741 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie L. Bean

6. DATE OF BIRTH (month, day, year) Nov. 26, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto. dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME Robert Bean

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Julia Gardner

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Mrs. Minnie L. Bean
(Address) 2741 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 9, 1934

19. UNDERTAKER Robert S. Liddle
(Address) 2700 Edmondson Ave

20. FILED JUL 6 - 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934 to July 6, 1934. I last saw him alive on July 6, 1934. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 2

Other contributory causes of importance:

Hart Trouble

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 6201 Fraction Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. H. 1934 F 02990

F 02990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Genl. Hosp. St., 24 (Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred (Gottfried) Folderauer

(a) Residence: No. 1343 Richardson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace E. Folderauer

6. DATE OF BIRTH (month, day, year): Nov. 5, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austro Hungary

FATHER

13. NAME: John Folderauer

14. BIRTHPLACE (city or town) (State or country): Austria Hungary

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Austria Hungary

17. INFORMANT: Grace E. Folderauer
(Address): 1343 Richardson

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: July 10 1934

19. UNDERTAKER: A. Howard Evans
(Address): 328 Fremont Ave

JUL 8 - 1934

(Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934 to July 7, 1934
last saw him alive on July 7, 1934 Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Partial intestinal obstruction	6/34
peritonitis	7/4/34

Other contributory causes of importance:

Name of operation: anterior gastro-enterostomy Date of: 6/21/34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. W. L. Currie, M. D.

(Address) So. Balto. Genl. Hosp.

WRITE PLAINLY with pen and ink. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 02991

F 02991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 E. Madison St., 7-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Myer Schaffel

(a) Residence: No. 1928 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Levine Inc. (Address) 1439 E. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Rodef Tuesday Date 7-8- 1934

19. UNDERTAKER Jack Levine Inc (Address) 1439 E. Balto St

20. FILED 19 Registrar

JUL 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/5 . 1934 to 7/8 . 1934

I last saw him alive on 7/5 . 1934 Death is said to have occurred on the date stated above, at 12:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation	7/7/34
Chronic Myocarditis	1932
" Bronchitis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) . M. D.

(Address)

S. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. of B. F 02992 F 02992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Wilkens Ave. St. 19-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Brookhart

(a) Residence: No. 1710 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adam R. Brookhart

6. DATE OF BIRTH (month, day, year) January 2, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME George Ogle

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Anna Adams

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mr. Howard Brookhart

(Address) 1710 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date July 9 1934

19. UNDERTAKER Joseph J. Cook

(Address) 1003 W. Baltimore St.

FILED JUL 8 - 1934 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26 1934 to July 6, 1934

I last saw her alive on July 6. 1934 Death is said to have occurred on the date stated above, at 9.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of Liver	?
(b)	
(c)	
(d)	

Other contributory causes of importance:

None.

Name of operation None Date of —

What test confirmed diagnosis [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 888 W. Lombard St.

M. D. H. 1268-0

F 02993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02993

191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Stiles St., 3-01 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 36 yrs. mos. ds.

2. FULL NAME Frank Tamburino

(a) Residence: No. 807 Stiles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): married

6. DATE OF BIRTH (month, day, year): Jan 15 1875

7. AGE: Years 59 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as **sawyer, bookkeeper, etc.**: Labor

9. Industry or business in which work was done, as **saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME Andrea Tamburino

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME Maria Fedelia

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT Anna Tamburino

(Address) 807 Stiles St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 10 1934

19. UNDERTAKER Martin W & E Campbell

(Address) 31 Lanvale St

Registrar

JUL 8 - 1934 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-6- 1934 to 7-6- 1934 Death is said to have occurred on the date stated above, at 5 p.m.

I last saw h[illegible] alive on 7-6- 1934

The principal cause of death and related causes of importance were as follows:

Date of onset

while at work was over taken by heat stroke & sent home in unconscious condition shocked — 1 hour

Other contributory causes of importance: Cardiac fibrulation 1/2 hr.

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Iannaco M. D.

(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-9 E 02994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 02994

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 31 S. Ann St. 2-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brigid Cecelia Birmingham

(a) Residence: No. 31 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James J

6. DATE OF BIRTH (month, day, year): April 8 1864

7. AGE — Years: 70 | Months: 2 | Days: 27 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: James J Roche
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Brigid M. Byrne
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Elizabeth Roche 31 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: July 9 1934

19. UNDERTAKER (Address): Martin W. & Dippel 32 S. Ann St.

20. FILED 19

JUL 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7 1934 to July 5 1934

I last saw her alive on July 3 1934 at 3 p.m. Death is said to have occurred on the date stated above, at 3:45

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	5 yrs ago
Gangrene	3 days

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. Nolan M. D.

(Address) 1937 Gorsuch

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. O. B. 126 — Dr Phelps 2129 W North

Father Mayo —

F 02995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Herbert St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Fee

(a) Residence: No. 2112 Herbert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~)

6. DATE OF BIRTH (month, day, year) Sept 17 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hunter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William E. Fee

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Martha Feebeiger

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Bertie Fee

(Address) 1914 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 10 1934

19. UNDERTAKER F. R. Hughes & Son

(Address) 1300 Eutaw Place.

JUL 8 - 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to July 7, 1934

I last saw him alive on July 7, 1934. Death is said to have occurred on the date stated above, at 4201 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) E. Wilder Wheeler, M. D.

(Address) 2129 W North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 8-2626

F 02996

F 02996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1720 N. Washington Ave. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fredericke Lindner (LINDNER)

(a) Residence: No. 1720 N. Washington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (~~or~~ WIFE of) Augusta Lindner

6. DATE OF BIRTH (month, day, year) Feb 22-1859

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
75	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Lindner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mekemeier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Knopfel

(Address) 1720 N. Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 9 1934

19. UNDERTAKER F. B. Hyphert & Son

(Address) 1300 Eutaw Place

FILED JUL 3 - 1934 19 .....

.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4 1934 to July 6 1934

I last saw him alive on July 4 1934 Death is said to have occurred on the date stated above, at 1230 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2d
Coronary Artery Thrombosis.	2d
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert Lowenberg M. D.

(Address) 223 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible]

F 02997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02997

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S Ellwood St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret E. Kemmo

(a) Residence: No. 12 S Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clifton C Kemmo

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Caspar Getz

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Margaret Bohne

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Anna Getz
(Address) 12 S Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7/9/ 1934

19. UNDERTAKER J. J. Whelan
(Address) 3090 E Baltimore

FILED JUL 8 - 1934 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Acute Pleurisy.	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E C Herzog M.D. M. D.

(Address) 1305 N Patterson Park Ave Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

F 02998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Hollen Rd. St., 77-21 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Buck

(a) Residence: No. 503 Hollen Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Katherine Buck

6. DATE OF BIRTH (month, day, year) Sept. 5th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Charles H. Buck

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Rosella Robinson

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Katherine Buck
(Address) 503 Hollen Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/9 , 1934

19. UNDERTAKER J. J. Morgan
(Address) 3002 E. Baltimore

20. FILED JUL 8 - 1934 , 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th , 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th , 1933 to July 6th , 1934
I last saw him alive on July 6th , 1934 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	Sept. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Irvine F. Greene , M. D.

(Address) 1900 Eastern Ave.

M. D. F. 1268-9

F 02999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02999

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Cole

(a) Residence: No. 219 E. Montford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 8, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lottie Simpson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date July 8. 1934

19. UNDERTAKER Milton Davis

(Address) 416 N Carrollton Ave

20. FILED 1934 Huntington Undertaking Co.

JUL 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to July 4, 1934

that I last saw him alive on July 4, 1934. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, Tuberculous	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Records, M. D.

(Address) Balt. City Hosp.

S. R.—WRITE PLAINLY, WITH INDIA INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

✓ F 03000

F 03000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 N. Bouldin St. 36-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H Harrison

(a) Residence: No. 441 N Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Harrison

6. DATE OF BIRTH (month, day, year) Oct 10 70

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phillipsburg N J.

FATHER

13. NAME Geo W. Harrison

14. BIRTHPLACE (city or town) (State or country) Hackney N J.

MOTHER

15. MAIDEN NAME Mary Mooney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Harrison

(Address) 441 N Bouldin

18. BURIAL, CREMATION, OR REMOVAL

Place Phillipsburg N.J. Date July 10 1934

19. UNDERTAKER Geo M Frick Son

(Address) 846 N Wolfe

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1934

22. I HEREBY CERTIFY, That I attended deceased from August 33 to July 7 1934

I last saw him alive on July 7 1934. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
General Arteriosclerosis	1932
Chronic Myocarditis	1932
Pulmonary Congestion & Edema	July 7, 1934

Other contributory causes of importance:

Postural hypotension	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton L. Solomon M. D.

(Address) 14 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] F 03001 ✓ F 03001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 1700 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Jane

(a) Residence: No. 1138 Argyle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) May 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs, or ... min.
	85	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery July 9th 1934

19. UNDERTAKER John M. Lothian
(Address) 1401 Madison Ave

20. FILED JUL 9 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-30-34 . 19 . to 7-6-34 . 19

I last saw her alive on 7-6-34 . 19 . Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Nephritis	
Cerebral Hemorrhage	6-29-34

Other contributory causes of importance:

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Sidney Thayer M. D.
(Address) President Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B 1268-9

F 03002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03002

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Edmondson Ave St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie F. Richardson

(a) Residence: No. 1616 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) About 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dr Chas C. Richardson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Gonzalmes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cobl F. Richardson
(Address) 304 Lundon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 9 34

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

Huntington Williams, Md
Registrar.

20. FILED JUL 9 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 6-34
Other contributory causes of importance:	
Cirrhosis	2.

Name of operation ..... Date July 5-34

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph L. Hehnstings M. D.
Coroner

(Address) 16 S. Broadway

vse

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. F-03003

F 03003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Northway St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Painter Hoak

(a) Residence: No. 401 Northway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Thomas Hoak

6. DATE OF BIRTH (month, day, year) Feby.4.1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Hoak

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Maria Allen

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Dr. Warren H. Hoak

(Address) 401 Northway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July.9.1934

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED JUL 9 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July,6.1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1932 to July 6th, 1934

I last saw him alive on July 5th, 1934 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5/18/34
Other contributory causes of importance:	
Hypertrophy of Prostate	
Chronic Cystitis	Jan.'32

Name of operation None Date of

What test confirmed diagnosis? Physical Findings Was autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. B. Lemmon M. D.

(Address) 1901 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 F 03004

F 03004

287383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabel Escalona

(a) Residence: No. 1517 Ashburton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Juan Porto Rico

FATHER

13. NAME Joseph Robert

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Josephine Cruz.

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Porto Rico San Juan Date 7/10/34

19. UNDERTAKER Albert H. Leneforf

(Address) 440 E North Ave

Huntington Williams Sts JUL 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 3 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July. 2 . 1934 to July. 3 . 1934

I last saw her alive on July. 3. . 1934 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Carcinoma & metastases	
Probably primary in gall bladder	Nov 1933
Other contributory causes of importance:	
Bronchopneumonia	7.1.34

Name of operation ..... Date of .....

What test confirmed diagnosis Biopsy & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred L. Leech M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1939 F 03005

F 03005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Addis

(a) Residence: No. 2019 S. Monroe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME David Addis.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora Scher

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Addis

(Address) 2210 E Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lehnen Mt Carmel Date July 9, 1934

19. UNDERTAKER S Levinson Bro

(Address) 1127 E Baltimore St.

20. FILED JUL 9 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to July 8, 1934

I last saw her alive on July 7, 1934 Death is said to have occurred on the date stated above, at 5.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Injury	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Weinstein, M. D.

(Address) Sinai Hospital

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-26 F 03006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03006

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 305 S. Ann Street St. 2-01 Ward)

(If death occurred in a hospital or institution, give its, NAME instead of street and number.)

2-FULL NAME Michael Drozd

(a) RESIDENCE NO. 305 S. Ann Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalie Drozd

6 DATE OF BIRTH (month, day, and year) 1869 1869

7 AGE Years 65. Yrs Months Days IF LESS than 1 day hrs. or min.

65

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Lawrence Drozd

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mrs. Rosalie Drozd

(Address) 305 S. Ann Street

Filed JUL 3 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 7, 1934

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to July 7, 1934, that I last saw him alive on July 6, 1934, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration
Cardiac Hypertrophy
Arterio-Sclerosis
unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Right side hemiplegia

Examination only (duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) A. F. Reis, M. D.

July 8 1934 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — Date of Burial: July 10 19 3

20 UNDERTAKER: John M. Weber ADDRESS: 401 S. Chester

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] F 63007 Kulp ✓ F 63007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 John St. 14-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James F Kulp

(a) Residence: No. 1615 John St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Kulp

6. DATE OF BIRTH (month, day, year) August 10 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Francis Kulp

14. BIRTHPLACE (city or town) Michigan (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Augusta (State or country) Ga

17. INFORMANT Augusta Kulp (Address) 1615 John St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date 7/4/ 34

19. UNDERTAKER E. J. Fanning & Son (Address) 1931 E. Lafayette Ave.

20. FILED JUL 5 19 34 Thos. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 7 30 P. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.

Other contributory causes of importance:

Laryngeal Ulceration — 2 yrs.

Name of operation Refusing — Date of operation July 6 34

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Joseph L. Holmes M. D.
Coroner

(Address) 1680 Madison Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03008 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03008

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John B Watkins

(a) Residence: No. 520 Aisquith St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Watkins

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Anderson Watkins

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Milton Branch.
(Address) 1532 Mont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 9th 1934

19. UNDERTAKER Wm R. Elliott & Daughter
(Address) 1129 Caroline St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Thomas M D M. D.
Coroner

(Address) 1363 Baltimore Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

F 03009

✓ M F 03009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond M. Lowman

(a) Residence: No. ..... Odenton, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 2, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, Md

FATHER

13. NAME Fallen A. Lowman

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co

MOTHER

15. MAIDEN NAME Idella Lowman

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co

17. INFORMANT Samuel Lowman (brother)

(Address) Odenton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Odenton Md July 10/31 Date

19. UNDERTAKER Ford & Diggs

(Address) Laurel Md.

20. FILED ..... 19..... Huntington Printing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from ingum, 19..., to ..... 19.....

I last saw h... alive on ingum, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 7-7, 1931

Where did injury occur? Washington Blvd & Carey St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Fell out the rear of a truck

Nature of injury as it turned a corner

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Coroner M. D.

Coroner

(Address) 2200 E Madison St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. R. 1268-8

F 03010

F 03010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 774 Sarah Ann St. 4-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhemina Davis

(a) Residence: No. 774 Sarah Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	Cd	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Davis

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Western Shore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Sarah Bond

16. BIRTHPLACE (city or town) (State or country) Western Shore Md

17. INFORMANT (Address) Mary Davis 774 Sarah Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date July 9, 1934

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S. Schroeder St.

20. FILED ... 19 ... Registrar.

Huntington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased (from June 15 1934 to July 6 1934

I last saw him alive on July 6 1934. Death is said to have occurred on the date stated above, at 1324 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac carcinoma	1934 Jan

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, when? ...

(Signed) H. Huntington Williams, Jr M. D.

(Address) 1211 Cathedral St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 03011 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03011

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1408 Druid Hill Av St., 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin H. Hall.

(a) Residence: No. 1408 Druid Hill Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Josephine Hall

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmanuel Ct. N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josephine Hall (Address) 1408 Druid Hill Av

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date July 9, 1934

19. UNDERTAKER Mrs. Katie P. Williams (Address) 322 N. Schroeder St.

20. FILED July 9 1934 Katie P. Williams, U.N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 7 34
Other contributory causes of importance:	
Probable Heart Failure	July 7 34

Name of operation Autopsy Date July 7-34

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Johnston Jr. M. D.
Coroner

(Address) 16 So Arcadia

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CL 1931

M. D. B 1268-9

F 03012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03012

CERTIFICATE OF DEATH

X 210-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Washington Pope

(a) Residence: No. Elliott City, Howard Co., Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Verna M.

6. DATE OF BIRTH (month, day, year): Feb 28, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Va.

FATHER

13. NAME: Jackson Pope

14. BIRTHPLACE (city or town) (State or country): West Va

MOTHER

15. MAIDEN NAME: Amanda Eye

16. BIRTHPLACE (city or town) (State or country): West Va.

17. INFORMANT: Jackson Pope
(Address): Fort Seybert, West Va.

18. BURIAL, CREMATION, OR REMOVAL. Place: Fort Seybert W. Va. Date: July 9 19 34

19. UNDERTAKER: Easton Sons
(Address): Ellicott City

JUL 9 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation: none Date of: —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/7 1934

Where did injury occur? Columbia Pike & Montgomery
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place: Auto Accident

Manner of injury: Motorcycle he was driving

Nature of injury: collided with a truck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Adams, M. D.
Coroner

(Address) 2102 Wilkens Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

F 03013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03013

CERTIFICATE OF DEATH

X 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Braxton

(a) Residence: No. Rolling Rd - Catonsville Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (City or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (City or town) (State or country)

17. INFORMANT Raymond Brenner

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date July 9 1934

19. UNDERTAKER Easton Sons

(Address) Ellicott City

FILED JUL 9 - 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Zellers M. D.
Coroner

(Address) 2739 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03014 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03014

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH Anchor Hotel, 4-01 Registered No.

CITY OF BALTIMORE: (No. 610 E. Pratt St. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ——— mos. ——— ds. How long in U. S. If of foreign birth? 44 yrs. ——— mos. ——— ds.

2. FULL NAME Albert Welder.

(a) Residence: No. Anchor Hotel, 610 E. Pratt St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) July 26, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anchor Hotel.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Richard Benjes.
(Address) Anchor Hotel, 610 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date July 9, 1934

19. UNDERTAKER John C. Miller
(Address) 2425 E. Charles St

JUL 9 - 1934

19. [illegible] 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of right temple.	
Suicide.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 7/6/34 19...

Where did injury occur? Anchor Hotel, 610 E. Pratt
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At his home

Manner of injury Pistol shot wound.

Nature of injury Suicide.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Steinhardt Coroner, M. D.

7/6/34 (Address) 1017 E. Charles St.

M. D. F. 1268-9

F 03015 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03015

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Elliott St. 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walenty Klasinski

(a) Residence: No. 3220 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Klasinski

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gregory Klasinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT William Wisniecki
(Address) 3230 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 7/10. 34 19

19. UNDERTAKER John J. Duda
(Address) 2811 Hudson St

20. FILED JUL 9 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 19 34

22. I HEREBY CERTIFY, That I attended deceased from May 5 19 34 to July 6 19 34

I last saw him alive on July 6 19 34 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	April 1934

Other contributory causes of importance:

Chronic nephritis	2 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? P.S.P. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Grocery Butcher
Yes If so, specify Grocery Butcher

(Signed) John V. Szymkiewicz M. D.
(Address) 1802 Eastern Ave Co

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

F 03016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03016

50

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1730 Bolton ST., 14-24 WARD)

2—FULL NAME Mary Lipscomb

(a) RESIDENCE NO. 1730 Bolton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE N.

5 Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 1872

7 AGE — Years 62 — Months 6 — Days 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John D Lipscomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Lipscomb (Address) 1730 Bolton St

15 Filed JUL 3 - 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/1934

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1933, to July 7, 1934, that I last saw h.. alive on July 7, 1934 and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum & pelvic bones 1934

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 1933

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. D. Thomas, M. D.

July 7, 1934 (Address) Med. Arts 1220 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL July 9 1934

20 UNDERTAKER Kestrams Sons — ADDRESS 2224 E Chase St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 03017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03017

CERTIFICATE OF DEATH

7V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 N. Barnes St. 10-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Arthur T. Kitchin

(a) Residence: No. 1434 N. Barnes St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

XX

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police records

(Address) not given July 9/34

18. BURIAL, CREMATION, OR REMOVAL

Place University Date July 9 19 34

Etray G. Watkins

19. UNDERTAKER

(Address)

20. FILED July 9 19 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28/34 19

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___ Death is said to have occurred on the date stated above, at 12.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following	
measles & whooping cough ???	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) J. S. H. Culen Coroner, M. D.

(Address) 528 E. Monument

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

170

THE MORGUE

F 03018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03018

CERTIFICATE OF DEATH

V 164.001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E. Fayette St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Sterling

(a) Residence: No. 1600 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	????

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery of Md Date July 9 . 1934

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h. alive on . 19 . Death is said to have occurred on the date stated above before 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 6/26/34 . 19

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. Tube in mouth from gas

Manner of injury bracket in wall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner . M. D.

(Address) 528 E Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03019

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 03019

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3323 Foster Ave St., 26 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Neubauer

(a) Residence: No. 3323 Foster Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late John Neubauer

6. DATE OF BIRTH (month, day, year) Dec.6.1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Nickol

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Thomas (Daughter)
(Address) 3323 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date July 10 34

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 1030 So Wolfe St

20. FILED JUL 9 - 1934 H. E. Easton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2 . 1934 to July 7 . 1934

I last saw her alive on July 6 . 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1929
Hypertension	1929
Cerebral Hemorrhage - Fatal	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward C Neubauer . M. D.
(Address) 3503 Fairfax

Information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

F 03020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03020

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Long

(a) Residence: No. 3914 Fait Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Long

6. DATE OF BIRTH (month, day, year) Feb 13/1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Selee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Muller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Long

(Address) 3914 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 11 19 34

19. UNDERTAKER Tully & Zielezinski

(Address) 403 S Wolfe St

20. FILED JUL 9 1934 19 H. Eyster Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from

Entered 10 A.M. 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle Rt (leg) popliteal space	
Doabetes Mellates(coma)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J Dacey M. D.

Coroner

(Address) 508 E Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03021

F 03021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Rose

(a) Residence: No. 117 S. Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-9-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Amariah Rose

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Pearl Vangar

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Jack Lewis Lee

(Address) 1439 E. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7/9 1934

19. UNDERTAKER Jack Lewis Lee

(Address) 1439 E. Baltimore Md

20. FILED 7-10-34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13th 1934 to July 8th 1934

I last saw h[illegible] alive on July 8 1934 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/14/34
Acute Thyrocarditis	7/8/34
	DOW

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond E. Boyd M.D.

(Address) Sydenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL9-1934

M. D. P. 1268-9

F 03022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03022

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Turner

(a) Residence No. 578 St Marys St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary ?

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 40 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: Miles

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT (Address): Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 9 19 34

19. UNDERTAKER (Address)

20. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2 19 34

22. I HEREBY CERTIFY, That I attended deceased from May 17 19 34 to July 2 19 34

I last saw him alive on July 27 19 34 Death is said to have occurred on the date stated above, at 6 55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
& congestive failure	3 mo
Hypertension	?

Other contributory causes of importance:

Name of operation: Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Nagel M. D.

(Address) Balt City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L9 1934

Spec.—9-30—A. & Co.—259 Bks

F 03023

03023 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 159

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Providence Hosp. ST 17-01 WARD)

2. FULL NAME Baby Johnson #1

(a) RESIDENCE NO. Providence Hosp. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. 9 hrs. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7-5-34

7 AGE	Years	Months	Days	If LESS than 1 day 9 hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Lenard Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Gavin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carrie Gavin
(Address) 1328 Argyle ave

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5-34

17

I HEREBY CERTIFY, That I attended deceased from 7-5, 1934, to 7-5, 1934

that I last saw her alive on 7-5, 1934

and that death occurred, on the date stated above, at 6 50 P m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Calvin B. McCampbell M. D.

19 (Address) 1113 Providence Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md — DATE OF BURIAL July 9 1934

20 UNDERTAKER ..... ADDRESS .....

7-9-1934
05538

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

F 03024

03024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 154

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Provident Hospital ST 17-86 WARD)

2 FULL NAME Baby Johnson # 11

(a) RESIDENCE NO. Provident Hospital ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7-5-34

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Newborn

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Lenard Johnson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Cawens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carrie Johnson
(Address) 1325 Argyle Ave

15 [illegible] 19 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8-34

17

I HEREBY CERTIFY, That I attended deceased from 7-5, 1934, to 7-8, 1934, that I last saw her alive on 7-8, 1934, and that death occurred, on the date stated above, at 2 10 P.M.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Calvin Blue Compte M. D.

19 (Address) [illegible] Provident Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md — DATE OF BURIAL: July 9 1934

20 UNDERTAKER [illegible] — ADDRESS

JUL 9 - 1934

0539

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 03025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03025

CERTIFICATE OF DEATH

✓119

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital St., (Ward) 601
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Kerr, Jr.

(a) Residence: No. 1520 Abbotstone St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 19-1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	18 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John J. Kerr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine A. Laing

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT U. M. Hosp. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Cem. Date July 9th 1934

19. UNDERTAKER Eschlomann & Son
(Address) 1039 Lafayette Ave. Baltimore, Md.

20. FILED JUL 8 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	2 days

Other contributory causes of importance: Status thymus hypoplasia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Morrissey M. D.
(Address) 3632 Roland Ave. Corner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 03026 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03026

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) 96-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Elizabeth Kramer

(a) Residence: No. 409 Parkesley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Kramer

6. DATE OF BIRTH (month, day, year) April 12, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 10 1934

19. UNDERTAKER George L. Washmat (Address) 2101 Pennsylvania Ave.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 . 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16 . 1930 to July 7 . 34

I last saw h— alive on July 7 . 1934. Death is said to have occurred on the date stated above, at 2:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerosis	?
Gangrene, R. foot, arteriosclerotic	1 wk

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Balt City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 9 - 1934

M. D. B 1268-9

F 03027

HEALTH DEPARTMENT—CITY OF BALTIMORE

03027

CERTIFICATE OF DEATH

√ 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 W Mulberry St. 18-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank E. Hawkins

(a) Residence: No. 1126 W Mulberry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ella Bond Hawkins

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) January 1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Hawkins

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

MOTHER

15. MAIDEN NAME Louisa Day

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

17. INFORMANT Ella Bond Hawkins

(Address) 1126 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date July 9 1934

19. UNDERTAKER Archibald H. Goldie

(Address) 2101 E. Eager St.

FILED JUL 9 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive organic degeneration of brain	January 1934

Other contributory causes of importance:

Fall on face and striking head

Name of operation Inquest Date of ..... Was there an autopsy? no

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury January 1934

Where did injury occur? Baltimore Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fall on face and head

Nature of injury Concussion of brain.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell from Corn Sack

(Signed) Peter Joseph L. Volunteer M. D. Coroner

(Address) 16 So Broadway

M. D. H. 1268-9

F 03028

03028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 W. Franklin St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Dyke

(a) Residence: No. 760 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Newborn

6. DATE OF BIRTH (month, day, year) 7-7-34

7. AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernard Dyke

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bertha Taylor

16. BIRTHPLACE (city or town) (State or country) Emergrove Va

17. INFORMANT Bertha Dyke
(Address) 760 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7/10/34 19

19. UNDERTAKER Chas S. Cooper
(Address) 514 N. Carrollton St

19. Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1934 to 7-7, 1934

I last saw her alive on 7-7, 1934 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

2 wks.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Savage M. D.

(Address) Clinic Hosp.

JUL 9 1934

Information should be carefully supplied. Attention is called to the fact that EXACT, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 3268-9

F 03029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St. 7-01 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Stouffer

(a) Residence: No. 429 E Catherine St., Ward. Chambersburg Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Stouffen Pa.

FATHER

13. NAME Leslie Stouffer

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Blanch Clark

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Chambersburg Pa Date 7/9/34 19

19. UNDERTAKER (Address) Joseph Abrems 221 Broadway

Filed ... 19 ... Registrar.

L 9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to July 9, 1934

I last saw h[illegible] alive on July 9, 1934 Death is said to have occurred on the date stated above, at 1 10 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor — Malignant	8 wks.

Other contributory causes of importance: none

Name of operation Craniotomy Date of 8-9-34

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Eberenzeller M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

F 03030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03030

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5318 Wendley Road ST. 28-01 WARD)

2—FULL NAME Bartholomew Hartwell

(a) RESIDENCE NO. 5318 Wendley Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. da. How long in U. S., if foreign birth? 85 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Joanna Hartwell

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Wexford, Ireland

PARENTS

10 NAME OF FATHER William Hartwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wexford, Ireland

12 MAIDEN NAME OF MOTHER Ellen Neville

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wexford, Ireland

14 Informant Bart Hartwell, Jr.

(Address) 5318 Wendley Road

15 Filed ... 19 ... by ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1933, to July 7, 1934, that I last saw h... alive on July 7, 1934 and that death occurred, on the date stated above, at 12.10 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) — yrs. — mos. 2 da.

CONTRIBUTORY (Secondary) Myocarditis and arteriosclerosis (duration) over 11 years yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry Colvin M. D.

7-9, 1934 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: July 12 1934

20 UNDERTAKER: Henry W. Jenkins & Son Co

ADDRESS: Mulberry & Arlington sts.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

7-9-1934

M. D. B 1268-9

F 03031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03031

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S. Milton Ave. St. 1-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Bronislawa Truszkowska

(a) Residence: No. 710 S. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter . Truszkowski

6. DATE OF BIRTH (month, day, year) May 30 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wiktor Dobrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna Golombiewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Peter Truszkowski

(Address) 710 S. Milton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 12 . 1934

19. UNDERTAKER John F. Weber

(Address) 401 S. Chester St

FILED JUL 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. S. Herzog M.D. Coroner M. D.

(Address) 130 S. Fallsway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

F 03032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03032

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1154 E North ave St., 9-a Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Edward Gardner.

(a) Residence: No. 1154 E. North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of) Clemmie Gardner

6. DATE OF BIRTH (month, day, year) March 4-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Thomas Gardner
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. Zimmerman
(Address) 1154 E North ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hampstead Md. Date 7/12 1934

19. UNDERTAKER Edw C Tipton
(Address) Hampstead Md

20. Filed 7-10-1934 Registrar. Wilmer N. Kirk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1933 to July 9 1934

I last saw him alive on July 8 1934, death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Aortic Insufficiency	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Wm. D. Fisch M. D.

(Address) 9365 Hammond

JUL 10 1934

INSTRUCTIONS: Items must be carefully supplied. Any space which does not apply must be marked "None" or "Unknown." PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1208

F 03033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03033

286699

CERTIFICATE OF DEATH

140

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No.) St., 1 E Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Nelson

(a) Residence: No. 819 Ruttand Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank.

6. DATE OF BIRTH (month, day, year) 11/9/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert Mathews

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jessie Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place W Laboy Date July 9, 1934

19. UNDERTAKER [illegible] (Address) [illegible]

JUL 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June-14, 1934 to July-7, 1934

I last saw her alive on July-7, 1934. Death is said to have occurred on the date stated above, at 1.45 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Peritonitis	6-20.
" Septicaemia	6-26
Post-abortal infection - Strept.	6-10
Metritis + Parametritis - acute, suppurative -	

Other contributory causes of importance: Myomata uteri ?

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. A. Reynolds, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 03126 F 03034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03034

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Hospital for the Women of Maryland — Registered No. .....

CITY OF BALTIMORE: (No. Lafayette & John St. 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ada Hoffman

(a) Residence: No. 111 Mc Mechen St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Hoffman

6. DATE OF BIRTH (month, day, year) Sept. 12, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	9	27 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 37

10. Date deceased last worked at this occupation (month and year) June, 1934

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Uniontown Pennsylvania

FATHER

13. NAME Jenkins

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT William M. Hoffman
(Address) 111 Mc Mechen St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 7/12 1934

19. UNDERTAKER Frank H. Purnell
(Address) Pikesville Md

19a. [illegible] 7-12 [illegible] Registrar.

JUL 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 9, 1934

I last saw h.r alive on July 9, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	7/4/34

Other contributory causes of importance:

Myomata uteri (removed)	—
Secondary anemia	

Name of operation Supravaginal hysterectomy Appendectomy Date of July 3

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Elmer Wilson Zieber, M. D.

(Address) Hospital for Women of Maryland

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 03035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03035

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred Life yrs. mns. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda C. Steiner

(a) Residence: No. 1107 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): widowed

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louis Steiner (dead)

6. DATE OF BIRTH (month, day, year): April 2, 1858

7. AGE — Years: 75 (76) — Months: 3 — Days: 0 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Zapf
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Records Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL — Place: Oak Lawn Date: July 10 — 34

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED 19 Registrar

JUL 10 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934 to July 7, 1934

I last saw her alive on July 7, 1934 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension	?
Hypostatic Pneumonia & congestion (primary)	6 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. Phegley, M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03036

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 03036

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 13-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence W. Wilson

(a) Residence: No. 609 Lenox St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of William G. Wilson

6. DATE OF BIRTH (month, day, year) Sept 30th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country) New Bern N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. W. Wilson

(Address) 609 Lenox St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 10th 1934

19. UNDERTAKER Wm. Cook

(Address) 1207 St Paul St

20. FILED JUL 10 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to July 7, 1934

I last saw her alive on July 7, 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Hypertension	Before 1930
Cerebral Hemorrhage	July 7

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury July 6 1934

Where did injury occur? Office of Dr. Walter (Specify city or town, and State)

Specify whether injury occurred in industry, in home or in public place Office of Dr. Walter

Manner of injury Fell in office

Nature of injury Fracture of Femur

Dr. Walter Coroner July 9-34

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Thos. M. Foster M. D.

(Address) 2435 Maryland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

F 03037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03037

CERTIFICATE OF DEATH

104-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospital 20-01 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Clara Le Brun - Snyder

(a) Residence: No. 3415 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John C. Snyder

6. DATE OF BIRTH (month, day, year) March 23, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George Le Brun

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Kalleen

16. BIRTHPLACE (city or town) (State or country) Kent Co., Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date July 10, 1934

19. UNDERTAKER George W. Zihlen
(Address) 1797 E. Eager St.

20. FILED ... 19... Registrar.

JUL 10 1934 Huntington Hillcrest, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 7, 1934.

I last saw her alive on July 7, 1934. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	June 4, 1934
Septic Meningitis	July 4, 1934

Facts verified and Affirmed

Other contributory causes of importance:

7/9/34 Joseph L. Kaufman M.D. Coroner

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03038

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 E. Cross St. St. 24-01 Ward)

Length of residence in city or town where death occurred 34 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank E. Hackett Jr.

(a) Residence: No. 416 E. Cross St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 1, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman. 032

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank E. Hackett Sr.

14. BIRTHPLACE (city or town) (State or country) New Jersey.

MOTHER

15. MAIDEN NAME Margaret Lang.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Hackett. (mother)
(Address) 416 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Evan. Cemt. Date July 12 1934

19. UNDERTAKER Geo. W. Ziskler
(Address) 1737 E. Eager St.

20. FILED JUL 10 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.30 m a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Theo. M. Reinhardt X M. D.
Coroner

7/9/34 (Address) 2. Bartes St.

See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 03039

28623 F 03039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Dietsch

(a) Residence: No. Lincoln & Betz Ave St., Ward. Sparrows Point
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 2/23/1897

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or ... min.
37	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Pittenger

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Carr.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Date July 11 1934

19. UNDERTAKER George W. Junkin
(Address) 1737 E. Eager St.

20. FILED JUL 11 1934 Huntingtown Maryland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3 1934 to July 7 1934

I last saw her alive on July 4 1934 Death is said to have occurred on the date stated above, at 9 40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Chronic nephritis	July 2
~~Arterio sclerosis Hemorrhage retina~~	
~~Hypertension - Hypertensive heart disease~~	June 1 1934
~~Bronchial asthma~~	June 4.
uremia.	

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? ~~Microscopic~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James Bradley M. D.
(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 13 F 03040

F 03040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH Union Memorial Hospital Registered No.

CITY OF BALTIMORE: (No. St., 13-01 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Ann Shoemaker

(a) Residence: No. 1209 Dellwood Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 5, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Shoemaker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Viola Temple

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Union Mem. Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cemetery Date July 10, 1934

19. UNDERTAKER Edmondson

(Address) 3615 Edmondson Ave

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934 to July 9, 1934

I last saw her alive on July 9, 1934 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	6-12-34
Bronchopneumonia	6-8-34
Streptococcus septicemia	2
Otitis media, rt.	

Other contributory causes of importance:

Acute endocarditis	2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Manuel L Heckt M. D.

(Address) Union Mem. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

6-1-700

M. D. B 1268-9

F 03041 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03041

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Yetta Rodman

(a) Residence: No. 3043 Spaulding Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Passie Friedman

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Dhona Koffer

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Isaac Ridman 3043 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 7/10, 19 34

19. UNDERTAKER (Address): Jack Levin Funeral Home 1427 E. Baltimore St.

20. Filed 19 Registrar

UL 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10/34. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	7/9/34
Other contributory causes of importance:	
Myocarditis	1933 ?
Hypertension	"

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address) 508 E Fayette

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03042

CERTIFICATE OF DEATH

161-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Stefan

(a) Residence: No. Father's 1214 Ellwood ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-7-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Stefan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Clara Jabczynski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Cem. Date July 10 '34

19. UNDERTAKER Stefan J. Trathowski
(Address) 1060 N. Kenwood Ave

20. FILED July 10 1934 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-7-, 1934 to 7-8, 1934

I last saw h alive on 7-8, 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral, incomplete pulmonary atelectasis Congenital	Birth

Other contributory causes of importance: none —

Name of operation — Date of

What test confirmed diagnosis Autopsy Was case examined by coroner? Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) E. R. Bourne, M. D.

(Address) Bolton City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1934-0

F 03043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03043

285140

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 6-04 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Rohrman

(a) Residence: No. 420 N. Linwood St., Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 9/22/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Martin Rohrmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Holtz

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date July 10, 1934

19. UNDERTAKER HENRY SANDER & SONS. INC. (Address) Baltimore & Broadway.

20. FILED 4 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-6 , 1934

22. I HEREBY CERTIFY, That I attended deceased from May-5th , 1934 to July-6- , 1934

I last saw him alive on July 6- , 1934 Death is said to have occurred on the date stated above, at 11 05 P.M.

The principal cause of death and related causes of importance were as follows:

Pyonephrosis — Date of onset May 5 '34

Other contributory causes of importance:

Blood Stream Infection.

Name of operation Nephrostomy, Lt Date of 7/6/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh J. Jewett, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03044

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 No. Pulaski St., 70-01 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mollie L Somers

(a) Residence: No. 542 No Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert H Somers

6. DATE OF BIRTH (month, day, year) March 4-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Parsons

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank Somers

(Address) 542 No Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date July 10, 1934

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 1452 N. Gilmor Ave.

20. FILED ..... 19 ..... Registrar

BL 1919

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Injury 19 . Death is said to have occurred on the date stated above, at 09 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	July 8 1934
Other contributory causes of importance: Mitral Stenosis	7

Name of operation ..... Date of .....

What test confirmed diagnosis Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine M. D. Coroner

(Address) 12 East Fayette Street

OCCUPATION is very important. See instructions on back of certificate.

F 03045

F 03045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) 7-01 (Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Schaller

(a) Residence: No. 1722 Lancaster St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Jacob Schaller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Date July 12, 1934

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St

20. FILED 19 Walter Williams Registrar

JUL 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934 to July 9, 1934

Last saw h[illegible] alive on July 9, 1934 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Generalized	5
Myocardial insufficiency	12 ?

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. (If so, specify)

(Signed) [redacted] Physician M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

s 3

M. D. F. 1268-9

F 03046

F 03046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 20-01 Ward)

Length of residence in city or town where death occurred [illegible] mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lottie Hopley

(a) Residence: No. 1813 Penrose Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles (dead)

6. DATE OF BIRTH (month, day, year) Dec. 11, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Hughes

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Caroline Douglas

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 7/10/34

19. UNDERTAKER Philip Herbig Sons
(Address) 2446 Orleans St.

JUL 10 1934

Huntington Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1931 to July 6, 1934

that I saw her alive on July 6, 1934 Death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 yrs
Hypertension	3 yrs
Myocardial Insufficiency	3 yrs

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. P. Hazard, M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. O. B. 1268-9

F 03047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03047

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Gibbons Ave St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine M. Hobbs

(a) Residence: No. 3307 Gibbons Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morrison Hobbs

6. DATE OF BIRTH (month, day, year) July 27 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H. Tinsley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia Didens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Wm. Trautman

(Address) 3307 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 7/12/34 19

19. UNDERTAKER Philip Henry's Sons

(Address) 2112 Orleans St.

20. FILED ... 19 ... Registrar.

Huntington Williams, N.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9/34 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 27th 1933 to July 9th 1934

I last saw h... alive on July 9th 1934 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Myocarditis	3/12/34

Other contributory causes of importance:

acute dilatation of heart

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. J. Tankin M. D.

(Address) 119 N. Milton Ave

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03048

F 03048 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24 Ward)

Length of residence in city or town where death occurred 21 yrs. ---------- How long in U. S. If of foreign birth 21 yrs. ---- mos. ---- ds.

2. FULL NAME Michael Kozak.

(a) Residence: No. 6909 Brentwood Ave. St., ... Ward. Fairfax Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scrubber, Sheet Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Filiman Kozak.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Julianna.-----

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Fred Kozak. (brother)

(Address) 1307 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Orthodox Cemetery Date July 11th 1934

Stony Run Md.

19. UNDERTAKER George A Weber

(Address) 705 S Linn street

20. [illegible]

JUL 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11.35 m. D. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Steinhardt M. D.

(Address) 1014 E. Charles st Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03049

03049

CERTIFICATE OF DEATH

125-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Hanover & Lee Sts.) (Ward) 10th

Length of residence in city or town where death occurred 29 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Buckheit

(a) Residence: No. 12 S. Franklintown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Fanny E. Walter (1905)

6. DATE OF BIRTH (month, day, year) Jan. 1 - 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Batteries

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Peter Buckheit

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rose Brauner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Wife) Fanny E. Buckheit
(Address) 12 S. Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 11, 1934

19. UNDERTAKER F. B. Hubbert & Son
(Address) 1300 Eutaw Place

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to July 9, 1934

I last saw him alive on July 9, 1934 Death is said to have occurred on the date stated above, at 6:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis, Hepatitis	7/3/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Asbman M. D.

(Address) West Baltimore General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.S.

10134

M. D. B. 1268-0

03050

HEALTH DEPARTMENT—CITY OF BALTIMORE

03050

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2662 Wilkins St., 22-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward L Evans

(a) Residence: No. 2662 Wilkins St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E Evans

6. DATE OF BIRTH (month, day, year) Jan 6-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodbine (State or country) Maryland

FATHER

13. NAME Edward Evans

14. BIRTHPLACE (city or town) Woodbine (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Barth

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Wife Susan Evans

(Address) 2662 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodbine Md Date July 11 1934

19. UNDERTAKER F. B. Hilbert & Son

(Address) 1300 Lisbon Place

20. FILED JUL 10 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to July 8 1934

I last saw h[illegible] alive on July 8 1934 Death is said to have occurred on the date stated above, at 2 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	2

Other contributory causes of importance:

Acute Cardiac Dilitation	Sudden

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry J Lasoman M. D.

(Address) 3753 W Lyndhurst

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

s 3

M. D. B. 1268-9

03051 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03051

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: Franklin Square St., Hospital 1910 Registered No. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? 8 yrs. ...mos. ...ds.

2. FULL NAME Martha E Schmidt

(a) Residence: No. 54 Gorman ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Schmidt

6. DATE OF BIRTH (month, day, year) July 14 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
39	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz Goutsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Schmidt
(Address) 54 Gorman ave

18. BURIAL, CREMATION, OR REMOVAL
Place Tudor Park Date July 11 1934

19. UNDERTAKER P. B. Hilpert & Son
(Address) 1302 Eutaw Place

20. FILED Huntington Maryland N.Y. JUL 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Anemia	July 5 34
Probable Sun-Stroke	July 4-34

Other contributory causes of importance:

Name of operation Surgery Date July 3-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 Saratoga

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

63052 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 63052

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Wilmer Ct. St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Bromer

(a) Residence: No. 1215 Wilmer Ct. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Bromer

6. DATE OF BIRTH (month, day, year) Aug. 1886.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	48	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gertrude Bromer

(Address) 1038 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 7/10 1934

19. UNDERTAKER Thomas E. Kelly

(Address) 1303 Prestman St

20. FILED ... 19 ...

JUL 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 6 1934

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If s... specify ...

(Signed) Jos L. Valentine M. D. Coroner

(Address) 16 Hood Broadway

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

F 03053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03053

CERTIFICATE OF DEATH

X 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Payson St., 20-01 Ward)

Length of residence in city or town where death occurred yrs. 6 mos ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Theodore Haury Rau (Theodore Henry Rau)

(a) Residence: No. 311 N. Payson St., Ward. Pale Texas
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Edith Rau.

6. DATE OF BIRTH (month, day, year) June 6-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	66	1 Mo	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania RR Retired Clerk.
10. Date deceased last worked at this occupation (month and year) July 1. 1933
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME George L. Rau
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Henriette Meyers
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Edith Rau
(Address) 311 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date July 11 '34

19. UNDERTAKER Dep H Cook
(Address) 1003 W. Baltimore St.

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to July 8 1934
I last saw h in alive on July 5 1934 death is said to have occurred on the date stated above, at 12.50 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy. — Date of onset July 8/34

Other contributory causes of importance: Arterio Sclerosis — Several Years

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? No. Date of injury , 19
Where did injury occur? None.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C. Shannon M. D.
(Address) 700 Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03054

CERTIFICATE OF DEATH

50 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 W. Fairmount ave St., 10 Ward)

Registered No. 1081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith B. Howard

(a) Residence: No. 2511 W. Fairmount ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co Virginia

FATHER

13. NAME John F. Howard

14. BIRTHPLACE (city or town) (State or country) Dames Quarter Maryland

MOTHER

15. MAIDEN NAME Beulah Norton

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

17. INFORMANT Mrs Elsie Beasley

(Address) 2511 W Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL

Loudoun Cemetery Date July 11 1934

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Forth ave

20. FILED 1934 Registrar.

JL 10 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12 1934 to July 8 1934

I last saw he alive on July 8 1934 Death is said to have occurred on the date stated above, at 11-14 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast #50	
Other contributory causes of importance: General metastasis. #53.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Graham Marston M. D.

7-9-34 (Address) 516 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. P. 1208-9

F 03055 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03055

CERTIFICATE OF DEATH 162✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 W. Preston St., 11-01 Ward)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John D. Henderson

(a) Residence: No. 33 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Flora E. Henderson

6. DATE OF BIRTH (month, day, year) July 27 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany New York

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Flora E. Henderson (Address) 33 W. Preston st

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date July 11 . 1934

19. UNDERTAKER Chas. S. Black (Address) 742 W. Baltimore

20. FILED JUL 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7th . 1934 to July 9th . 1934 I last saw him alive on July 8th . 1934 Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

Senile ✓

Date of onset

Other contributory causes of importance:

High temperature

Name of operation 0 Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Pearce M. D.

(Address) 2105 Eastern ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 10 1934 Williams, M.D.

Spec.—1-10-21—M&T—1500 Blks.

F 03056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03056

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1837 Bolton St. ST. 14-01 WARD)

2-FULL NAME George Clinton Roberts

(a) RESIDENCE NO. 1837 Bolton St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Rasin

6 DATE OF BIRTH (month, day, and year): March 4, 1870

7 AGE: Years 64 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brass Metals Work

(b) General nature of Industry, business, or establishment in which employed (or employer): 079

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry T. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha Keating

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Frances R. Roberts 1837 Bolton St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/9 1934

17 I HEREBY CERTIFY, That I attended deceased from 6/20 34, 19 . to 7/9, 19 34.

that I last saw him alive on 7/7, 19 34.

and that death occurred, on the date stated above, at 6 A M m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 1 mos ds.

CONTRIBUTORY (secondary) Hypertension, Chronic Nephritis (duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry F. Ehrlich, M. D.

7/9, 19 34 (Address) Keyser Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. DATE OF BURIAL July 11, 1934

UNDERTAKER: Edward A. Mitchell & Sons ADDRESS 1900 Eutaw Pl.

L 10 1934 Huntington Williams, M.D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03057

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Eckenwalter

(a) Residence: No. 3830 Barrington Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 0

6. DATE OF BIRTH (month, day, year) Oct 7 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Mfg.

10. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Anton Eckenwalter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mae Sigrist

(Address) 2912 Brighton Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date July 12 1934

19. UNDERTAKER George F. Engelke

(Address) 1500 Eutaw Place

20. FILED JUL 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to July 10 1934

I last saw him alive on July 10 1934 Death is said to have occurred on the date stated above, at 6:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease & Arterio-sclerosis	?
Cerebral arterio sclerosis & Psychosis	?
Other contributory causes of importance: Popliteal embolism	7/9/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edward J. Kelly M. D.

(Address) 608 Somerset Road

State CAUSE OF DEATH in plain terms, so that it may be properly coded. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1264-0

M F 03058

03058

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 210-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Seaport Hospital St. Ward)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James R Gill

(a) Residence: No. Oak Lane (Usual place of abode) Annapolis St., Blvd. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 20, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman "66"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner & Dyer Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew J Gill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary T Hannahan

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Andrew J Gill (Address) Oak Lane & Annapolis Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 12, 1934

19. UNDERTAKER Frank E Dehart (Address) 710 Eyet

20. FILED JUL 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ngmy, 19 , to , 19

I last saw h alive on ngmy, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Ruptured Liver — Shock & Hemorrhage — Date of onset

Other contributory causes of importance: automobile accident

Name of operation Laparotomy Date 7/8/34

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 7/8, 1934

Where did injury occur? Harley Ave Rd nr Harley Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road Accident.

Manner of injury Auto he was riding in

Nature of injury Jump off road & upset

24. Was disease or injury in any way related to occupation of deceased? no If so, (specify) ✓

(Signed) Joseph O'Conor Coroner M. D.

(Address) 2200 E Madison

JUL 10 1934

M. D. B. 1268-9

F 03059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03059

CERTIFICATE OF DEATH

✓ 157-003

1. PLACE OF DEATH Womens Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St. 14-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Waters (Thos H. Waters)

(a) Residence: No. (Upper Strasburg, Pa) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1934 "12 A.M.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltos

FATHER

13. NAME George Edward Waters

14. BIRTHPLACE (city or town) (State or country) Blackstone, Va.

MOTHER

15. MAIDEN NAME Virginia Marden

16. BIRTHPLACE (city or town) (State or country) Profit, Va.

17. INFORMANT George Edward Waters
(Address) Strasburg Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Charlottesville Va. Date July 11, 1934

19. UNDERTAKER John O. Mitchell Sons
(Address) 1612 Eutaw Place

20. FILED July 12 1934 [illegible] Registrar.

L 101934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to July 10, 1934

I last saw h[illegible] alive on July 10, 1934. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart defect.	7-9-34
Congenitally Enlarged Thymus Gland	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Beverley C. Compton, M. D.

(Address) Womens Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 03060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03060

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. University Pkwy Ward)

Length of residence in city or town where death occurred yrs. mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Sweeney

(a) Residence: No. 322 E. University Pkwy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hart

6. DATE OF BIRTH (month, day, year) July 22-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen J. Chrystal

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Alice Sweeney

(Address) 322 E. University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date July 11, 1934

19. UNDERTAKER J. A. Kramer & Son

(Address) 703 Hanover St.

JUL 11 1934 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John J. Murrissey M. D.

Coroner

(Address) 362 Roland Ave.

OCCUPATION IS VERY IMPORTANT. See instructions on the back of this sheet.

F 03061

F 03061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Barclay St. 12-21 Ward)

Length of residence in city or town where death occurred yrs. 2 Weeks How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Elizabeth Wilhide

(a) Residence: No. Loys, Frederick Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Frederick Wilhide

6. DATE OF BIRTH (month, day, year) Dec 7th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Anna Clark
(Address) 1604 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Thurmont Md Date July 11th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed JUL 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7 1934 to July 9 1934

I last saw her alive on July 9 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	7/7 34
Other contributory causes of importance: Myocarditis Arteriosclerosis	Some years

Name of operation ~~Autopsy~~ None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thomas J Mutz M. D.

(Address) 532 E 22nd St

OCCUPATION is very important. See instructions on back of certificate.

M. D. Files F 03062

F 03062

287580 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ray Hartman

(a) Residence: No. 85 Eastern Pkwy St., Ward. Brooklyn N Y

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Morris

6. DATE OF BIRTH (month, day, year): 9/13/85

7. AGE: Years 48 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Y.

FATHER

13. NAME: David Frolich

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: Durand

16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL: Brooklyn N Y Date 7/13/34

19. UNDERTAKER: Geo. Ellis Co (Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

JUL 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934 to July 10, 1934

I last saw him alive on July 10, 1934. Death is said to have occurred on the date stated above, at 5 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1930

Other contributory causes of importance:

Name of operation: Craniotomy Date of: July 10

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9 F 03063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03063

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. 21st St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KATHARINE MILLER

(a) Residence: No. 721 E. 21st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkepper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Spring Bed Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry W. Miller

14. BIRTHPLACE (city or town) (State or country) Prussia

15. MAIDEN NAME Katharine Ackerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Flora A. Miller (Sister)
(Address) 721 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date July 11, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED JUL 11 1934 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1933 to 7-5 1934

I last saw h... alive on 7-5 1934 Death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset 6/9/34

Other contributory causes of importance:

Chronic Interstitial nephritis — 2/16/33

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel Miller M. D.

(Address) 1500 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B 1268-9

F 03064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03064

CERTIFICATE OF DEATH

√ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 202 McCulloh (St.) 11-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilbur Streeper Tolpman

(a) Residence: No. 202 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madaline

6. DATE OF BIRTH (month, day, year) June 13-1899

7. AGE Years 35 Months 0 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred Streeper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Swann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Swann

(Address) 202 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 7/11, 1934

19. UNDERTAKER Francis A Hensley

(Address) 548 W. Biddle St

20. FILED ..... 19..... Registrar

JUL 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th, 1934

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of 1934

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & C. Co.—250 Bks.

F 03065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 03065

94-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home and Infirmary ST 6-01 WARD)

2. FULL NAME Fina E. Jameson

(a) RESIDENCE NO. Church Home & Infirmary ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): ~~Single~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Jameson

6 DATE OF BIRTH (month, day, and year): Aug 2nd 1852.

7 AGE: Years 81 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Attendant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Geo. W. Barger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Margaret League.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Hospital Records.

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10th 1934

17

I HEREBY CERTIFY, That I attended deceased from June, 1929, to July 10, 1934

that I last saw her alive on July 10, 1934

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Old Hemiplegia

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History only

(Signed) Verna H. Norwood M. D.

19..... (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: July 12 19 34

20 UNDERTAKER: Leitham & Lee

ADDRESS: 2224 Eutaw

TION is very important. See instructions on back of certificates.

L 11034

M. D. F. 03066

F 03066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 130 S Eden St., 3-01 (Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Katie Friedenberg

(a) Residence: No. 130 S. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Phillip

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME D. K.

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. MAIDEN NAME D. K.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Friedenberg (Address) Irving Clark

18. BURIAL, CREMATION, OR REMOVAL Date 7-11-34

Florence Mem Park

19. UNDERTAKER Lucke Funeral Home (Address) 1439 E. Baltimore St.

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 10, 1934. I last saw her alive on July 10, 1934. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	July 10, 34
Other contributory causes of importance: Pneumonia (Presumably from history of case & Exam. Senility	over

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Finder, M. D.

(Address) 16 S. Broadway

M. D. B. 1934 F 03067

F 03067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 18-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Eisenberg

(a) Residence: No. 028 W Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Eisenberg

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Eisenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Carrie Eisenberg
(Address) 1028 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Wisdom Date 7-11- 1934

19. UNDERTAKER Isaac Levin, Inc
(Address) 1439 E. Pratt St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to July 10, 1934

I last saw him alive on July 10, 1934. Death is said to have occurred on the date stated above, at 5^50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

S 3

L 1 1934

M. D. B. 1268-9

F 03068

F 03068 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3814 Hudson St. 76-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte anne Westerman

(a) Residence: No. 3814 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	-	-	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles a Westerman, Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna May Duerbeck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna M. Westerman

(Address) 3814 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel. Date July 11 1934

19. UNDERTAKER George W. Fiedler

(Address) 1737 E Eager St.

20. Filed ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to July 10 1934

I last saw h[illegible] alive on July 10 1934 Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Simple)	7/1/34
Other contributory causes of importance:	
Spina Bifida	birth

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) William J. Reoame M. D.

(Address) 901 W. Kenwood Ave

OLITT 1934

M. D. B 1268-0

F 03069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03069

CERTIFICATE OF DEATH

35

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Ross

(a) Residence: No. 1516 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cornelius Ross

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Nelson Mackley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rachel Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cornelius Ross
(Address) 1516 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Woods Cem. Date July 11 1934

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

FILED JUL 11 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	
Bilateral Tubo-ovarian Abcesses	
Pelvic Abcess	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Mann Coroner, M. D.

(Address) 1086 Hamilton

UL 11 1934

M. D. B. 1265-9

F 03070

F 03070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Hosp. St., 28-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Pinkney Lee Davis

(a) Residence: No. 600 Brookwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura P. Davis

6. DATE OF BIRTH (month, day, year) April 5, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	74	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Airy Maryland

FATHER

13. NAME Henry S. Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Drucilla Dade

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Snowden Hoff
(Address) 3515 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Mt. Airy July 18, 34

19. UNDERTAKER Wm. J. Tickner Son
(Address) North & Pt.

20. FILED JUL 11 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 - 34

22. I HEREBY CERTIFY That I attended deceased from July 10 19 34. I last saw h alive on July 10 19 34. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Pistol wound of Brain	July 10 - 34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury July 10, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Pistol

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

M. D. (Signed) F. E. Luck Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

03071

HEALTH DEPARTMENT—CITY OF BALTIMORE

03071

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2514 (St.) Calvaton Heights (Ward) 6 est

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME E. C. Gordon Bird

(a) Residence 2514 Calvaton Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lottie Bird

6. DATE OF BIRTH (month, day and year) Aug 2-1869

7. AGE: Years 64 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) 1933 | 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) West Rim N H Co Grafton

FATHER

13. NAME Joe A Bird

14. BIRTHPLACE (city or town) (State or country) N H Co Grafton

MOTHER

15. MAIDEN NAME Judith E Eastman

16. BIRTHPLACE (city or town) (State or country) N H Co Grafton

17. INFORMANT Lottie Bird

(Address) 2514 Calvaton Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 11 1934

19. UNDERTAKER Wm J Tolchester Inc

(Address) Baltimore

20. Filed JUL 11 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19

I last saw h alive January . Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Regular Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Kirk M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1703-9

✓ F 03072

F 03072 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Cecil Ave. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth S. Peacock

(a) Residence: No. 2215 Cecil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm W. Peacock

6. DATE OF BIRTH (month, day, year): July 4, 1875

7. AGE: Years 59 | Months 0 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md Smith

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Annie A. ?

16. BIRTHPLACE (city or town) (State or country): Frederick-Md

17. INFORMANT: Mr. Wm W. Peacock (Address) 2215 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Mount Ridge Date July 11, 1934

19. UNDERTAKER: Wm Fletcher Sons (Address) North & Pennsylvania Ave

Registrar

FILED Jul 9, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 to July 8, 1934

I last saw her alive on July 7, 1934 10 a m

Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cardio vascular hypertension

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

May 20 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No (Specify)

(Signed) George N. Little M. D.

(Address) 2430 W. Lanvale 7437

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03073

F 03073 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-001

Registered No. 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Zorn

(a) Residence: No. York, Pennsylvania St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Sept 9. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Jacob Reener

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine B. Dome

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Shearer & Shidler

(Address) York, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa Date 7/13 1934

19. UNDERTAKER H. Fuchs & Sons

(Address) York Pa

20. FILED 7 13 1934 H. E. [illegible] Wm. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on July 9 1934 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus.	July 3 1934
Other contributory causes of importance: Fracture of left femur	July 3 1934

Name of operation None Date of

What test confirmed diagnosis? Injury was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Accident Date of injury July 3 1934

Where did injury occur? Baltimore, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fall

Nature of injury Fracture of left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. LaLaurie M. D.
Coroner

(Address) 12 Stone Broadway

M. D. B. 1268-9

Dr Young. ✓

03074 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E03074

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1821 N. Spring St., 9-01 Ward)
Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Parks
(a) Residence: No. 1821 N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —
6. DATE OF BIRTH (month, day, year): Mar 1866
7. AGE: Years: 68; Months: 1; Days: ...; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: —
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Anna Lynch
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Anna Quickley
(Address) 1703 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Chase Md. Date 7/11 1934

19. UNDERTAKER: Payne Sadler
(Address) 413 E. Preston St

20. FILED JUL 11 1934 Huntington Hillen, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to July 9 1934
I last saw her alive on July 8 1934 Death is said to have occurred on the date stated above at 5 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Larynx with Glandular Tuberculosis of Cervical gland.	Jan 1934

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. T. Young M. D.
(Address) 1424 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03075

F 03075 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 152

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Goldie Ausherman

(a) Residence: No. Ellicott City, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Earl Ausherman

6. DATE OF BIRTH (month, day, year) May 21 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Secret Eleon

FATHER

13. NAME Mrs Goldie Ausherman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Dominigolan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Earl Ausherman

(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick County Date 7-17-1934

19. UNDERTAKER H. C. Higinbotham

(Address) Ellicott City

20. FILED JUL 11 1934 Lillian Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9 1934 to July 11 1934

I last saw her alive on July 11 1934 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Cellulitis face — Date of onset 7/7/34

Septicemia

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Lin Fields M. D.

(Address) 260 W. Lee St.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03076

F 03076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 85-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Mc Donough St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Still

(a) Residence: No. 1116 Mc Donough St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Still

6. DATE OF BIRTH (month, day, year): Feb 1880

7. AGE: Years 54 | Months 5 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): N. Carolina

FATHER

13. NAME: Jerry Harris

14. BIRTHPLACE (city or town) (State or country): N Carolina

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): N Carolina

17. INFORMANT: Lula McClean

(Address) 1116 Mc Donough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/12 1934

19. UNDERTAKER: Rayner Sanders

(Address) 1413 E. Preston St

20. FILED 1934 Huntington Building, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 9 1934

I last saw h. alive on July 9 1934 Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	July 2
Acute Hypertension	
Other contributory causes of importance: Pulmonary edema	July 9

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. L. Berry M. D.

(Address) 1420 E. Chase St

V.S. 3

SEE CAUSES OF DEATH in plain terms, so that it may be properly coded. Each statement of OCCUPATION is very important. See instructions on back of certificate.

F 03077

F 03077

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (T6.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 ~~East~~)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Janowitz OR YOYANOVICH

(a) Residence: No. 1514 McHenry St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Michael Janowitz

6. DATE OF BIRTH (month, day, year) July 15, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Paul Endorks

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Anna Horacs

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 11th 1934

19. UNDERTAKER W. J. Good
(Address) 111 S. Eutaw St
Baltimore, Md.

JUL 11 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 8 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 7 - 6 , 1934, to 7 - 8 , 1934.

I last saw her alive on 7 - 8 , 1934 Death is said to have occurred on the date stated above, at 1:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1926

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto C. Brantigan M. D.
(Address) Baltimore City Hospitals

INFORMATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03078 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03078

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 East St. St., 5-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Myers. (C)

(a) Residence: No. 1121 Comet St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, (or) WIFE of Benjamin Myers. (C)

6. DATE OF BIRTH (month, day, year) January 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	5	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Williams. (C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Benjamin Myers. (C) husband.
(Address) 1121 Comet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ashury Date July 12 1934

19. UNDERTAKER Mrs R. A. Leonard
(Address) 1129 N. Carrove

20. FILED 7-11 1934 Hm Fuster Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt Coroner

7/10/34 (Address) 1017 E. Charles St.

M. D. F. 1268-a

F 03079

F 03079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jones

(a) Residence: No. 640 E. 28th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Melvin Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Coleman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date July 11 1934

19. UNDERTAKER

(Address)

20. FILED ... Registrar

0545

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1934 to 6-29 1934

I last saw her alive on 6-29 1934 Death is said to have occurred on the date stated above, at 5:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6-29-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John M. Spence Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03080

98

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ..... St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Wesley Smith

(a) Residence: No. 214 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored Mulatto | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Smith

6. DATE OF BIRTH (month, day, year) Feb 24, 1877

7. AGE — Years 57 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Co.

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Ball

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Irvington, Va. Date July 11, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

JUL 11 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934 to July 8, 1934

I last saw him alive on July 7, 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Carcinoma Lung		
Metastatic, Sacral Region		
Contributory causes of importance:		
Bronchopneumonia	2 hrs	6/26/34
Decubitus Ulcers	2 wks	6/12/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Burns M. D.

(Address) Bellevue Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

John Sohn F 03081

03081 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 93-004

Registered No. 03081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Radecke Ave. St., 26th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Sohn

(a) Residence: No. 5700 Radecke Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 28, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME John I. Sohn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown (Spear)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Katherine Gebhardt
(Address) 5700 Radecke Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sohn Family Burial Ground Date July 13, 1934

19. UNDERTAKER Fred. Lanahan & Son
(Address) 7 W. Madison St.

Embalmer

Registrar.

JUL 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 10, 1934

I last saw h... alive on July 10, 1934 Death is said to have occurred on the date stated above, at 6:45p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	7-6-34
Other contributory causes of importance: Arterio sclerosis with hypertension	1900 ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Wilkinson, M. D.

(Address) A. L. Wilkinson, 5713 Belair Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 03082

03082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Monnie R. Hindsor

(a) Residence: No. 3501 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married (nee Gallin)

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Cornelia Hindsor

6. DATE OF BIRTH (month, day, year) May 6, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Market

10. Date deceased last worked at this occupation (month and year) 066

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Sebastian

16. BIRTHPLACE (city or town) (State or country) Deals Island Md.

17. INFORMANT Mrs Cornelia Hindsor

(Address) 3501 Falls Rd.

18. BURIAL, CREMATION, OR REMOVAL Friday

Place Fairbanks Md. Date July 13, 1934

19. UNDERTAKER J. Walter Davis

(Address) 3418 Chestnut Ave.

20. FILED ~~July~~ 1934 Registrar.

R. P. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6.45 A.M. July 10, 1934 to July 10 (3.20 P.M.) 1934

I last saw h~~im~~ alive on July 10, 1934 Death is said to have occurred on the date stated above, at 3.20 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7-10-34 (3 A.M.)

Dr. R. Coroner Thomson

Other contributory causes of importance:

Arteriosclerosis
Essential Hypertension

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Bks.

F 03083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03083

CERTIFICATE OF DEATH

121

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Sula C. Williams

(a) RESIDENCE NO. 916 Madison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	ed	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Silver

6 DATE OF BIRTH (month, day, and year) May 16 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Rev. C. P. Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Dodson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Rev. C. H. Matthews

(Address) 1906 Madison Ave

15 Filed 7/11 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/34

17 I HEREBY CERTIFY, That I attended deceased from 6-27, 1934, to 7-9, 1934

that I last saw h[illegible] alive on 7-9, 1934

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

acute Appendicitis (Post Operative)
Intestinal Obstruction
acute Carbon Collapse

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/25/34 - 7/4/34

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

7/10, 1934 (Address) 3yr Bloom St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 7/11 1934

20 UNDERTAKER Mrs. George H. Holley

ADDRESS 1631 Druid Hill Ave

M. D. B. 1268-9

E 03084

03084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Ave St., 9-61 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Cotton

(a) Residence: No. 2337 Ivy Ave St., Mosaic Park Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: John Cotton

6. DATE OF BIRTH (month, day, year): ? 1894

7. AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 8

12. BIRTHPLACE (city or town) (State or country): Jacksonville Florida

FATHER

13. NAME: George W. Nicholas

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Hattie Bass

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: John Cotton

(Address) 2307 Ivy ave Mosaic Park

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/11/34 19

19. UNDERTAKER: Mrs. George H. Holland

(Address) 1631 Dumont Hill Ave Hunting for Williamsville, N.Y.

20. FILED 1934 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1934 to 7-8 1934

I last saw h[illegible] alive on 7-8 1934 Death is said to have occurred on the date stated above, at 6.40p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7-8-34
Post-operative Shock	7-8-34
Carcinoma of Stomach	1-1034

Other contributory causes of importance:

Name of operation Laparotomy Date of 7-7-34

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. L. Jackson M. D.

(Address) 600 N. Arlington Ave

JUL 11 1934

M. D. B. 1265-9

F 03085 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03085

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses Sorrell

(a) Residence: No. 761 W Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Family Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Gibson Date 7-12 1934

19. UNDERTAKER Geo. P. G. Gibson
(Address) 1730 Pennsylvania Ave

20. FILED JUL 11 1934 (Registrar) Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis.	

Other contributory causes of importance: Perforation of Gastric Ulcer

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) S. Herzog M.D. M. D.

(Address) 3033 Allison Parkway

M. D. P. 1260-9

F 03086 W

HEALTH DEPARTMENT—CITY OF BALTIMORE

03086

CERTIFICATE OF DEATH

140

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l. Hosp. St., [illegible] Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Essie May Catterton

(a) Residence: No. 430 E. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: femal

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles R. Catterton

6. DATE OF BIRTH (month, day, year): Feb. 9, 1898

7. AGE — Years: 36 | Months: 5 | Days: 1 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md

FATHER

13. NAME: George Meister

14. BIRTHPLACE (city or town) (State or country): Crisfield Md

MOTHER

15. MAIDEN NAME: Elizabeth Buckler

16. BIRTHPLACE (city or town) (State or country): Calvert Co, Md

17. INFORMANT: Charles R. Catterton

(Address) 430 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL:

Place: Asbury Cem. Calvert Co Date: July 12, 1934

19. UNDERTAKER: John R. Gregory

(Address) 715 Light St.

1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year): July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to July 10, 1934

I last saw her alive on July 10, 1934 Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Self induced abortion	6/34
Left tubo-ovarian abscess	6/34
myocardial failure	7/7/34
Other contributory causes of importance: chronic appendicitis	?

Operation: Left salpingo oophorectomy — Date of operation: 7/7/34

What test confirmed diagnosis? Operation — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— 19—

Where did injury occur? ——— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? ———

no If so, specify ———

(Signed) D. W. J. Currie M. D.

(Address) So. Balto. Gen'l Hosp.

See instructions on back of certificate.

IMPORTANT: OCCUPATION is very important.

M. D. F 1268-9

F 03087

03087 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Scott St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wesley Scott.

(a) Residence: No. 609 Scott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret A. Scott

6. DATE OF BIRTH (month, day, year) Apr. 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker. Ors

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Wholesale Corp.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James L. Scott.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Fannie Mason

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Walter L. Scott

(Address) 609 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. July 13 34

19. UNDERTAKER Wm. H. Ecker Sons

(Address) Hopkins Pl. & Paca sts.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25 1934 to July 10 1934

I last saw h[im] alive on July 9 1934 Death is said to have occurred on the date stated above, at 2.08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	July 8 34
b Hypostatic Pneumonia	July 9 34
Other contributory causes of importance:	
Arteriosclerosis	1930
Mitral Stenosis	1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Morley Strong M. D.

(Address) 29 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

11 1934

M. D. B. 1268-9

F 03088

F 03088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403 Arabia Avenue St. 27-01 Ward)

Length of residence in city or town where death occurred 89 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Wells

(a) Residence: No. 4403 Arabia Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Wells

6. DATE OF BIRTH (month, day, year) Oct. 6, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Lawrence Rigger

14. BIRTHPLACE (city or town) --------
(State or country) Germany

MOTHER

15. MAIDEN NAME Martha Dinsmore

16. BIRTHPLACE (city or town) --------
(State or country) Maryland

17. INFORMANT Howard L. Wells
(Address) 3114 Berkshire Road

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem Date 7/13 1934

19. UNDERTAKER Kenny & Mears
(Address) 801 N. Eutaw St.

20. FILED 7/11/1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to July 11 1934

I last saw her alive on July 11 1934. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Myocardial Failure	

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ernest Lee Jin, M. D.

(Address) 2147 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1208-9

F 03089 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03089

CERTIFICATE OF DEATH X 110 ✓

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August F. Fraebel.

(a) Residence: No. Glen Burnie, A.A.Co.Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Mary Fraebel.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary Fraebel.(wife)
(Address) Glen Burnie, A.A.Co.Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 13th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUL 12 1934 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Broncho-pneumonic.
Pleuro pericorditis.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Hospital Autopsy & inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto M. Reinhardt Coroner, M. D.

7/11/34 (Address) 1017 E. Charles St.

F 03090

03090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3147 Frederick Ave 20-9i Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Wilson

(a) Residence: No. 3147 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~Married, widowed, or divorced~~ (or) WIFE of Francis A. Wilson

6. DATE OF BIRTH (month, day, year) May 30th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Francis Pitts

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Eliza Jane Livingston

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sophy A. Wilson

(Address) 3147 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 13th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JUL 12 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to July 10 1934

I last saw him alive on July 9 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	

Other contributory causes of importance:

Cerebral Hemorrhage July 9

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Smith M. D.

(Address) 4509 Liberty Hgts Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 03091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03091

CERTIFICATE OF DEATH

√ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Kennedy Ave St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Euler

(a) Residence: No. 2000 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth W. Euler

6. DATE OF BIRTH (month, day, year) May 4th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rema R.R.Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Euler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Magdelena Hansalt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth W. Euler
(Address) 2000 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 13th 1934

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED 19 ..... Registrar.

JUL 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jun 20th, 1934 to July 9th, 1934

I last saw h~~im~~ alive on July 9th, 1934 Death is said to have occurred on the date stated above, at 5-00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of Intestine	

Other contributory causes of importance:

Name of operation Exploratory Date of 12/29/33

What test confirmed diagnosis? ~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
nv If so, specify .....

(Signed) H. J. Tankersley, M. D.

(Address) 119 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Dr Terry 4. Lombard st 910

F 03092

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03092

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Burgundy St. 21-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene W. Knell

(a) Residence: No. 908 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: (or) WIFE of Joseph S. Knell

6. DATE OF BIRTH (month, day, year) April 23rd 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

13. NAME Mrs Price

FATHER

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph S. Knell

(Address) 908 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 12th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

JUL 12 1934

(Signature) Wm Cook for Wm Cook

Dep'y Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/9/34 to 7/10/34

I last saw her alive on 7/10/34 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Other contributory causes of importance:	
Cerebral Apoplexy	730 hrs 7/10

Name of operation Date of 34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Terry M. D.

(Address) 910 W Lombard

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 23-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Basil O Brady

(a) Residence: No. 26 East West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
male	white	mrd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Nov 1, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A & P Tea Co. Clk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warehouse
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Basil O. Brady
14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Phoebe Johnson
16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mordie Brady (Nephew)
(Address) Chaney, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 12, 1934

19. UNDERTAKER John F. Keating
(Address) 710 Light St

JUL 12 1934

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to July 7, 1934
I last saw h... alive on July 7, 1934 Death is said to have occurred on the date stated above, at 6.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Anemia chronic	
2. Chronic myocarditis	
3. Chronic nephritis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis autopsy Were an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. M. Mueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

3094

F 03094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. West Balto General Hosp. 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs.... mos. ....ds.

2. FULL NAME Dexter Richards

(a) Residence: No. Masonic Home Cockeysville Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Richards

6. DATE OF BIRTH (month, day, year) Nov. 11-1868 July 10-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~0~~ 65	7 7 month	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store + Manufg

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Cambridge Mass

FATHER

13. NAME Abiatha Richards

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Esther Durant

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Masonic Home Records

(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 12 1934

19. UNDERTAKER Chas E Franck

(Address) 802 Madison Ave

20. [illegible] 19 [illegible]

JUL 12 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9 . 1934 . to July 10 . 1934

I last saw him alive on 1.00 A M 7/9, 1934. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocarditis	1922
2. Heart failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Elsy Fishman M. D.

(Address) West Balto. Gen. Hosp.

Spec—9 30—A & Co—250 Bks.

Henkel ✓ F 03095

03095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2737 Fairy ST. 9-01 WARD)

2. FULL NAME Mary E. Henkel

(a) RESIDENCE NO. 2737 Fairy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob G. Henkel

6 DATE OF BIRTH (month, day, and year) Nov-13-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Swaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Henkel
(Address) 2737 Fairy

15 Filed JUL 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10-1934

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 10, 1934

that I last saw h alive on July 10, 1934

and that death occurred, on the date stated above, at 11 3 P M

The CAUSE OF DEATH* was as follows:

Epithelial Cancer Liver Metastasis Thoracic Glands Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Phys.

(Signed) Thos. J. Stevens M. D.

7-11, 1934 (Address) 2814 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 7/17 1934

20 UNDERTAKER Leonard H. Rush — ADDRESS 535 Ironside

UL 12 1934

Form 1-0-25—A Co.—200 Blks.

3096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03096

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1440 N. mount St. 15-01 Ward)

2-FULL NAME Mrs Althea Carter

(a) RESIDENCE NO. 1440 N. mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: King Carter

6 DATE OF BIRTH (month, day, and year): Sept. 15th 1911

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	23	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: James Talley

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Julia Lemmon

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country)

14 Informant: Mother

(Address) 1440 N mount St

15 Filed JUL 12 1934 Attesting to Vital Statistics Registrar, [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-9-34

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to July 9, 1934

that I last saw h e alive on July 3, 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ernest E. Melton, M. D.

, 19 (Address) 2049 Pa. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — Date of Burial: 7/12 1934

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1302 Presstman St

3097 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03097

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 17-a1 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL name Walter Hawkins

(a) Residence: No. 414 Fennell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Record

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Mr Record

14. BIRTHPLACE (city or town) (State or country) Mr Record

MOTHER

15. MAIDEN NAME Mr Record

16. BIRTHPLACE (city or town) (State or country) Mr Record

17. INFORMANT Mrs Maggie Hawkins

(Address) 1309 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 7/14 19 34

19. UNDERTAKER Thos E. Kalson

(Address) 1303 Presstman st

20. FILED 7 12 1934 Huntington Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11-34 19

22. I HEREBY CERTIFY, That I attended deceased from 7-7-34 19 to 7-11-34 19

I last saw him alive on 7-11-34 19 Death is said to have occurred on the date stated above, at 3 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypostatic Congestion	
Cerebral Hemorrhage	7-7-34
Other contributory causes of importance:	
Mr Contributory Causes	
Pittsburgh.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilson Miller M. D.

(Address) President Hospital

OCCUPATION is very important. See instructions on back of certificate.

St. D. B. 1268-9

F 03098

F 03098 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Druid Hill St. 14-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Raymond L. E. Spence

(a) Residence: No. 1919 Druid Hill St., Ward.
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr. 15 - 1899

7. AGE: Years 35 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year): 1 07

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Arnold E. Spence

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sophia Evans

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Anne Evans 1919 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/12/34

19. UNDERTAKER (Address): Wm. George H. Holland 1631 Druid Hill Ave

20. FILED JUL 12 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
2nd day	

Other contributory causes of importance:

Heat

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Kurtz M. D.

Coroner

(Address)

M. D. B 1265-9

F 03099 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03099

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 26 (Ward) 01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Seabold Jr.

(a) Residence: No. home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (Write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary (dead)

6. DATE OF BIRTH (month, day, year): May 8, 1884

7. AGE: Years 50; Months 1 7; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: Robert Seabold Sr

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Ellen O'Brien

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Records Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Date: July 12 '34

19. UNDERTAKER (Address): Pete Tredfield 704 Greenmount Ave

JUL 12 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 '33 to July 7, 1934

I last saw him alive on July 7, 1934 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, left tonsil & metastasis to glands of neck.	2 yrs?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Phagel, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 03100 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03100

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Baltimore City Hospitals 7-61 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Becker

(a) Residence: No. 2630 McCeday St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~: Sylvia Becker

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years: 36. | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Printing
10. Date deceased last worked at this occupation (month and year): 6
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Grayford Tuscarora

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: City Hospitals
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore City Date July 12, 1934

19. UNDERTAKER: G. Butler & Son
(Address) 2334 Pulaski St

FILED JUL 12 1934 by Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1934

20. I HEREBY CERTIFY, That I attended deceased from May 30, 1934 to July 9, 1934

I last saw him alive on July 9, 1934 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset 7/9/34

Arteriosclerosis

Other contributory causes of importance: Psychosis with Cerebral Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Goldsmith M. D.

(Address) Balto City Hospitals

F 03101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03101

183

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Spring Gardens; Off Foot of Eutaw St. St., 23-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Jessie Edmonds.(C)

(a) Residence: No. 1042 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 25, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va.

FATHER

13. NAME Robert L. Edmonds.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Willie P. Hooper.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mable Pittrell.(aunt)
(Address) 1042 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place Danville Va. Date July 12 1934

19. UNDERTAKER James Astarjos
(Address) 442 W. Pratt St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Accidental Drowning. Capsizing of a row boat.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/10/34
Where did injury occur? Spring Gardens. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place.
Manner of injury Capsizing of row boat.
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt Coroner, M. D.
7/12/34 (Address) 1017 N. Charles St.

M. D. R. 1268-3

F 03102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03102

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hyman Park Apts St., 13-01 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth 79 yrs. 7 mos. 16 ds.

2. FULL NAME Isabel Ella Cook

(a) Residence: No. Hyman Park Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Joseph M. Cook

6. DATE OF BIRTH (month, day, year): Nov. 24 1854

7. AGE: Years 79; Months 7; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Robert Turner

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Elizabeth Turner

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Mr. E. Fairfax Miller (Informant) (Relative)

(Address) 489 Kenwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Park Date: July 12 1934

19. UNDERTAKER: Stuart H. Perdue Co.

(Address) 108 W. North Ave.

JUL 12 1934

Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1934 to July 10 1934

I last saw h[illegible] alive on July 10 1934 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Brights Disease

Hemorrhage from bowel

Date of onset: July 10 1934

Other contributory causes of importance:

Diabetes Mellitus 1930

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wilson M.D.

(Address) 3 W. Biddle St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

F 03103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03103

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Mc Elderry St., 7-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude E. Arnold

(a) Residence: No. 2321 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence R. Arnold

6. DATE OF BIRTH (month, day, year) June 27/1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Thomas L. Clemmer

14. BIRTHPLACE (city or town) Balto Co
(State or country)

MOTHER

15. MAIDEN NAME Rose E. Stricker

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Rose E. Clemmer
(Address) 2321 Mc Elderry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 7/12/34 19...

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eastern Ave.

FILED ... 19... Huntington Williams, Registrar.

JUL 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16th 1933 to July 9th 1934

I last saw her alive on July 9th 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1933
Other contributory causes of importance: Carcinoma of Liver	?

Name of Operation — Date of —

What [illegible] diagnosis? Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. Morgan Magruder M. D.

(Address) 1401 E 20 St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

03104

F 03104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2747 Gwynns Ward 25-01)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fredrick Jacobs

(a) Residence: No. 2747 Gwynns Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Nellie Jacobs

6. DATE OF BIRTH (month, day, year): August 10-1880

7. AGE: Years 53 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Self. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Jacobs

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rachel Lenhart

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Ella Jacobs
(Address): 2747 Gwynns Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Date: July 12 1934

19. UNDERTAKER: J. Geo. E. Miller & Sons
(Address): 2435 E. Lanvale St.

20. FILED JUL 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on . Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	July 10-34
Other contributory causes of importance:	
Chronic Nephritis	2

Name of operation: Autopsy Date: July 10-34

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Volentine M. D.
Coroner

(Address) 16 S. Broadway

M. D. B. 1268-9

F 03105

3105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel A. Smith

(a) Residence: No. 715 Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M. Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy Powell

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Frances Smith

(Address) 500 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date July 13, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED ..... Registrar

121934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934 to July 9, 1934

I last saw h.. alive on July 9, 1934 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	3 days

Other contributory causes of importance:

Ruptured Appendix & Abscess	2 wks

Name of operation Appendectomy & Drainage Date of 7-5-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

03106 HEALTH DEPARTMENT—CITY OF BALTIMORE

03106

34

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A. Marshall

(a) Residence: No. 641 Hall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Marshall

6. DATE OF BIRTH (month, day, year) Jan 6-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Marshall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Deal

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. J. Marshall

(Address) 641 Hall St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date July 12, 1934

19. UNDERTAKER Mr. Katie R. Williams

(Address) 2224 Edmondson St.

JUL 12 1934

19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

	Unk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Feller, M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B 1268-9

F 03107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03107

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 624 W Biddle St., 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo H. Lee

(a) Residence: No. 624 W Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Lee

6. DATE OF BIRTH (month, day, year) [illegible] 4-1883

7. AGE — Years 50 | Months 5 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Md

FATHER

13. NAME Wallace Lee

14. BIRTHPLACE (city or town) (State or country) St Mary's Md

MOTHER

15. MAIDEN NAME Mary Edwards

16. BIRTHPLACE (city or town) (State or country) St Mary's Md

17. INFORMANT Effie Lee
(Address) 624 W Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peter's Date July 13, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lafayette St Baltimore, Md

20. Filed JUL 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leo Bruce Coroner, M. D.

(Address)

M. D. P. 1368-9

F 03108

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03108

CERTIFICATE OF DEATH

V95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 1 mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Milton Straugs

(a) Residence: No. 2152 Hollins st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none school out

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Milton Joseph Straus

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Linda B Jones

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md

17. INFORMANT Ada F McCullough

(Address) 2170 Hollins st

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date July 14 1934

19. UNDERTAKER Towell & Thayers

(Address) 2824 Edmondson Ave

FILED JUL 12 1934 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-30 1934 to 7-11 1934

I last saw him alive on 7-10 1934 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	1919

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) N. R. Peters M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

Mollie Musgrove.

F 03109

03109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √50

1. PLACE OF DEATH St, Agnes Hospital

CITY OF BALTIMORE: (No. Baltimore Md. St., 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Musgrove.

(a) Residence: No. 521 E. Potomac St St., Ward.
(Usual place of abode) Brunswick Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. William Musgrove

6. DATE OF BIRTH (month, day, year) Aug. 7 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.,

FATHER

13. NAME Patrick Gleason

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Frances Deck.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. G. Musgrove.
(Address) Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Brunswick Md. Date July 14. 1934

19. UNDERTAKER C. N. Fuller & Son
(Address) Brunswick Md

19 [illegible] Registrar

JUL 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6 1934 to July 12 1934

I last saw h[illegible] alive on July 12. 19 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast.	1-1-33
Local recurrence & metastasis in liver, lungs, & abdominal glands.	7-1-34

Other contributory causes of importance:

Name of operation Mastectomy Date of Feb 1933

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T. Mason M. D.
(Address) 804 Cathedral St.

M. D. [illegible] F 3110 F 03110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Harbor 3 00 of Lot — St., 1 — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Brice Lewis

(a) Residence: No. Cambridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

FATHER

13. NAME Jerry Lewis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Simmons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Johns Hopkins Hos. (Address) Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date July 13, 1934

19. UNDERTAKER John O. Mitchell Sons (Address) 1600 Eutaw Place

FILED JUL 12 1934 Acting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h[illegible] alive on [illegible] 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured	
Probable Suicide	
accidental	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Nest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury 7/9, 19 34

Where did injury occur? Foot of Lawrence St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. F 03111 F 03111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals 1-D Ward

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Rodriguez Sr. New Orleans La.

(a) Residence: No. 2217 Gough St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Regina (dead)

6. DATE OF BIRTH (month, day, year) Sept. 5, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans La

FATHER

13. NAME Gabriel Rodriguez

14. BIRTHPLACE (city or town) (State or country) Mexico ?

MOTHER

15. MAIDEN NAME Gladys

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Md College Date July 12 19 34

19. UNDERTAKER (Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 19 34

22. I HEREBY CERTIFY, That I attended deceased from June 9 19 34 to July 8 19 34

Last saw h alive on July 8 19 34 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic aneurysm, dissecting	2 yrs
Syphilis — ?	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Pugsley M. D.

(Address) Balt City Hosp

Washington Wilkes Co Ga

M. D. F 03112 F 03112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hogan
(a) Residence: No. 1108 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chester

6. DATE OF BIRTH (month, day, year) July 17, ? ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 6
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

FATHER
13. NAME James Tillman
14. BIRTHPLACE (city or town) (State or country) Caroline Co Md

MOTHER
15. MAIDEN NAME Devon Love
16. BIRTHPLACE (city or town) (State or country) Caroline Co Md

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date July 12 1934

19. UNDERTAKER
(Address)

20. FILED 1934 Registrar

0549

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1932 to July 6 1934
last saw h[illegible] alive on July 6 1934 Death is said to have occurred on the date stated above, at 3:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Fibricular fibrillation	
Myocardial insufficiency	
& congestive failure	2 Yrs.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagin M. D.
(Address) Balt. City Hosp.

M. D. F. No. F-9 03113 F 03113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St. 26-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Ross

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Frederick Ross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henrietta Harding

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment of Md Date July 12 1934

19. UNDERTAKER [illegible]
(Address)

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 6 1934

I last saw him alive on July 6 1934 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

M. D. B. 1265-9

F 03114 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03114

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Ellwood St., 1st Ward) D1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Kiggins

(a) Residence: No. 812 S. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Kiggins

6. DATE OF BIRTH (month, day, year) May 29, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cruste 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctrine Agent.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Kiggins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rosena O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bridget McKay.
(Address) 812 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 14, 34

19. UNDERTAKER John A. Magan
(Address) 3000 E. Balto St.

20. [illegible] Huntington Williams, M.D.

L 121934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 11, 1934

I last saw him alive on July 10, 1934 Death is said to have occurred on the date stated above, at 6.35 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media	
Brain Abscess	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Toohey M. D.

(Address) 1441 E. Ellwood Ave

M. D. B. No. F 03115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03115

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Geo. E. Beachem

(a) Residence: No. 1521 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte

6. DATE OF BIRTH (month, day, year) March 4/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tack & nail maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 38 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Beacham

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Adloff

16. BIRTHPLACE (city or town) (State or country) Al

17. INFORMANT Marcus Beacham
(Address) 150 N. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 13, 1934

19. UNDERTAKER John A. Myers
(Address) 3000 E. Baltimore St

FILED JUL 12 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Probably some Abdominal Lesion not determined.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1128 E. Baltimore

M. D. F. 1268-3

F 03116

F 03116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington St. 19-01 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Odell Lacy

(a) Residence: No. 1404 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt 9nd

FATHER

13. NAME Elias Ware

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna M Dunnette

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary E Forsyth

(Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 13. 19 34

19. UNDERTAKER F Vernon Kirkner

(Address) 832 Eutaw St

20. Filed JUL 12 1934, 19 ____ Registrar.

Removal to Hillcrest, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4 1934 to July 12, 1934

I last saw her alive on July 11 1934 Death is said to have occurred on the date stated above, at 1.45 A.M.

The principal cause of death and related causes of importance were as follows:

Intra-abdominal Carcinoma

Date of onset
?

Other contributory causes of importance:

over

Name of operation ____ Date of ____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Forsyth M. D.

(Address) 1105 St. Paul St. City

L 12 1934

M. D. F. 1208-9

F 03117

F 03117

287282 Sug

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Rosenkoetter

(a) Residence: No. 2124 Ridge Hill Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Dave

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon Nitzburg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Friedman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Hebrew Henry Rosenau Date July 12 19

19. UNDERTAKER Jack Lewis Inc

(Address) Huntington, West Virginia

JUL 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-29-, 1934 to 7-12-, 1934

I last saw her alive on 7-12-, 1934. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon with metastasis	4 mos

Other contributory causes of importance:

Diabetes?

Name of operation Sigmoidostomy Date of 7-4-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Goodwin M. D.

(Address) Johns Hopkins Hospital

F 03118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03118

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2008 N Smallwood ST., 15-01 WARD)

2-FULL NAME Rachel Feinberg

(a) RESIDENCE NO. 2008 Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? ## yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Feinberg

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia (Kovno)

PARENTS

10 NAME OF FATHER Isaac Tocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Feinberg (Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 1932 19 , to July 12 , 1934.

that I last saw h[er] alive on July 11 , 1934.

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Examination & Symptoms

(Signed) Joseph Glickman M. D.

, 19 (Address) 324 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship DATE OF BURIAL 7-13- 1934

20 UNDERTAKER Jack Lewis ADDRESS 1434 E Baltimore

TION is very important. See instructions on back of certificate.

F 03119

F 03119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 E. St. Johns Road St., 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen M. Zimmerman

(a) Residence: No. 4504 Prospect Circle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Octavius C. Zimmerman

6. DATE OF BIRTH (month, day, year) September 28, 1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Gawthrop

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Arianna Hissey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Nellie C. Zimmerman
(Address) 2909 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery on July 13, 1934

19. UNDERTAKER Robt H. Cook
(Address) 1003 W. Baltimore St.

20. FILED JUL 14 1934 Hunting for Witness, N.T. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1929 to July 1 1934.
I last saw her alive on July 11, 1934. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of throat and intestines with exhaustion	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. L. Ingram, M. D.

(Address) 2439 N. Charles St.

F 03120

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03120

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. 107-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dixon Wallace Abbatt

(a) Residence: No. 2796 Druid Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Abbatt

6. DATE OF BIRTH (month, day, year) 3-6-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 038

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME John Abbatt

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Mary Watson

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Balto City Hospt
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Decatur Ga Date July 12 1934

19. UNDERTAKER Joseph G. Muller
(Address) 2935 E. Chase St

20. FILED 1934 Huntington Fletcher Supervisor of Records

L 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-8 1934 to 7-11 1934

I last saw him alive on 7-11 1934 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy Prostate	?
Other contributory causes of importance: Bronchopneumonia Bilateral	4 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how?

(Signed) E. R. Brown M. D.

(Address) Balto City Hosp

M. D. B. 12[illegible] F 03121 ✓ F 03121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., | 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide Luray Royston

(a) Residence: No. 2627 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
44	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Clarence Royston

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Laura Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Laura Royston

(Address) 2627 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Balto Co. Date July 13, 1934

19. UNDERTAKER Thanhauser Bros.

(Address) 3615-17 Eutaw Ave

20. FILED JUL 12 1934 Frances Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 11, 1934.

I last saw her alive on July 11, 1934. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Kidneys	Several years ago
Septicemia (3 days)	

Other contributory causes of importance:

Uremia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03122 03122

CERTIFICATE OF DEATH

82-002 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) W. Balto Hosp (St.) 27-9 (Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Emily Parsons

(a) Residence: No. 5234 Linden Heights Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos E Parsons
6. DATE OF BIRTH (month, day, year): Feb 19-1873
7. AGE: Years 61 | Months 4 | Days 23 | If LESS than 1 day, ...hrs. or .....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month, day, year): July 1934
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): England

FATHER
13. NAME: Wm Pitt
14. BIRTHPLACE (city or town) (State or country): England.

MOTHER
15. MAIDEN NAME: Mollyneux
16. BIRTHPLACE (city or town) (State or country): Mkenna

17. INFORMANT: Ewert L Parsons
(Address) 5234 Linden Heights

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: July 14th 1934

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. [illegible] 131934 Brighton Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12-34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	

Other contributory causes of importance:

Name of operation: Regular Date of: N D
What test confirmed diagnosis: Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H O Kirk M. D.
Coroner
(Address)

M. D. P. 1088

03123

F 03123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME William Wernecke

(a) Residence: No. 117 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella Wernecke

6. DATE OF BIRTH (month, day, year): Aug 21st 1857 ?

7. AGE: Years 76; Months 10; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P. R. R. 009

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William Wernecke

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dorothy Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Date July 14th 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

JUL 13 1934 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to July 11, 1934

I last saw h[illegible] alive on July 11, 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, left	2½ yrs
right hemiplegia	
Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T Phaziel, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

03124 F 03124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 9-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Carter

(a) Residence: No. 618 E. 34th St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. H. Carter

6. DATE OF BIRTH (month, day, year) Aug 23 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry W. Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Maynard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Presbyterian Govans Date July 14th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williams, R.P.
Registrar

20. FILED JUL 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-2-34 . 19 to 7-12-34 . 19

I last saw her alive on 7/12/34 . 19 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	?

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation Cholecystectomy Date of 7/6/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) H. Prados M. D.

(Address) Md Gen. Hospital.

M. D. B. 1268-9

03125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03125

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 14-01 (Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Helen B. McDaniels

(a) Residence: No. 2026 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race cd

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George McDaniels

6. DATE OF BIRTH (month, day, year) 1902

7. AGE: Years 32 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT George McDaniels (Address) 2026 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Phila Pa. Date 7/13 1934

19. UNDERTAKER Bernard Hennessy (Address) 5822 Germantown Ave

FILED JUL 13 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1934 to 7-13 1934

I last saw her alive on 7-13 1934 Death is said to have occurred on the date stated above, at 1245 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Gratiolis	
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where

(Signed) W. H. Butler M. D.

(Address) 324 Bloom Street

M. D. B. 1218-9

03126

Dr. Miller - 1500 Broadway

F 03126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Huntingdon St. 12-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A. Bushmiller

(a) Residence: No. 2806 Huntingdon Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Bushmiller

6. DATE OF BIRTH (month, day, year) Feb 12 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Curtis C. Taylor

(Address) 2806 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 17, 1934.

19. UNDERTAKER C. Thenowith Sons.

(Address) 3605 Harford Ave.

19. FILED JUL 13 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1934 to 7/12 34

I last saw her alive on 7-12 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	6/1/34
Other contributory causes of importance: Myocardial Degeneration	7/1/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? 7/13 If so, specify No

(Signed) Dr. Miller M. D.

(Address) 1500 Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

03127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03127

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Leadenhall St., 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Sims

(a) Residence: No. 912 Leadenhall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucille Sims

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Sims

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Tyree

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ernest Sims

(Address) 912 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place US National Date 7/13/34

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. [illegible] Undertaker, Agt.

JUL 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934 to July 9, 1934

I last saw him alive on July 7, 1934 Death is said to have occurred on the date stated above, at 10,15 P. m.

The principal cause of death and related causes of importance were as follows:

a. Pneumonia Lobar — Date of onset July 4 1934

Other contributory causes of importance: Cardiac Arrest

Name of operation: None — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Hunter, M. D.

(Address) 724 Eutaw St

M. D. B. 1268-9

F 03128

03128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Eagle St. St., 14-01 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 15 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Asa S. Gerber

(a) Residence: No. Sparks, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Gerber

6. DATE OF BIRTH (month, day, year) Mar 28 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright & Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1907

11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (city or town) (State or country) Balto Co., Md

FATHER

13. NAME Edward Gerber

14. BIRTHPLACE (city or town) (State or country) Middletown, Pa.

MOTHER

15. MAIDEN NAME Julia Ryandollar

16. BIRTHPLACE (city or town) (State or country) Middletown Pa.

17. INFORMANT Murray Gerber
(Address) Sparks, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Bosley Sparks, Md Date July 15 1934

19. UNDERTAKER Wm. C. Bosley & Son
(Address) Sparks, Md

JUL 13 1934

Huntington Valley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/7/34, 19 to 7/13/34, 19

I last saw h— alive on 7/13/34, 19 Death is said to have occurred on the date stated above, at 12c A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	7
Cerebral Hemorrhage	3 hrs
Coma	7/13/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard J. Berry, M. D.

(Address) 9. D.W.L. Island

M. D. P. 1268-9

03129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03129

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2218 E. Bank Street St., (1-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Jones

(a) Residence: No. 2218 E. Bank Street St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen F. Jones

6. DATE OF BIRTH (month, day, year) Jan. 16, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Julia Berry

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Charles Lee Jones (Son)

(Address) 2218 E. Bank Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date July 14, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

JUL 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby. 17th, 1934, to July 10th, 1934.

I last saw her alive on July 10th, 1934. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease — Date of onset Abt 1932.

Other contributory causes of importance: Cerebral Thrombosis — July 10, 34

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert E. Kirk M. D.

(Address) 3126 Hamilton Rd

M. D. F. 1268-9

✓ F 03130

03130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Eaton St., 7-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernestine Rauck

(a) Residence: No. 611 S. Eaton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Albert L. Rauck

6. DATE OF BIRTH (month, day, year) Jan 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert L. Rauck Jr

(Address) 611 S. Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 7/14/34 19

19. UNDERTAKER Philip Herring Sons

(Address) 2016 Pulaski St.

20. FILED ... 19 ... Registrar.

JUL 13 1934

Director Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1934 to 7/11, 1934

I last saw her alive on 7/11, 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Cystic Goitre with Asthenia & Arteriosclerosis	

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, ...)

(Signed) H. H. Powell M. D.

(Address) 623 S. Conkling

F 03131 — 500 Pds.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 03131

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15-17 Barclay ST. 12-01 WARD)

2-FULL NAME Celia James

(a) RESIDENCE NO. 15-19 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry James.

6 DATE OF BIRTH (month, day, and year): 1-1-64

7 AGE — Years: 70 — Months: 6 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Co. Va.

PARENTS

10 NAME OF FATHER: Jerry Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Co, Va.

12 MAIDEN NAME OF MOTHER: Katherine Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Co Va.

14 Informant (Address): Lavinia Carr 15-19 Barclay St.

15 Registrar

JUL 13 1934 Huntington

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-10- 1934

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to July 10, 1934, that I last saw h[illegible] alive on July 9, 1934 and that death occurred, on the date stated above, at 10:20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Personal Knowledge 2 2 mos ds.

History (duration) yrs

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C Page M. D.

, 19 (Address) 15 16 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Yorktown Va

DATE OF BURIAL: 7-10 1934

20 UNDERTAKER: Frances A. Hemsley

ADDRESS 57 W Fidd St

TION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 03132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03132

CERTIFICATE OF DEATH

165

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 N. Luzerne St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 29 yrs. mos. ds.

2. FULL NAME Antonio Carozza

(a) Residence: No. 143 N. Luzerne Ave formerly of Wilson, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Filomena Carozza

6. DATE OF BIRTH (month, day, year) Aug 15/1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Carrying Contractor

10. Date deceased last worked at this occupation (month and year) June 30-1934

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Montenero Domo Italy

FATHER

13. NAME Domenico Carozza

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta D'Orazio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Ettore Naddeo

(Address) 143 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 13 1934

19. UNDERTAKER Frank Della Noce

(Address) 52 N. Morley St.

FILED JUL 13 1934 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hung himself-strangulation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide of injury 7/11/34

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hung himself with rope to joist

Manner of injury in cellar of 143 N. Luzerne

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. H. Coroner, M. D.

(Address) 508 E. North Ave

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03133

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Registered No. 114-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Szymanski

(a) Residence: No. 802 S Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jos. Szymanski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Yanke Teeney

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Loy Station Rd.
Place Holy Cross, Date July 14, 1934

19. UNDERTAKER J. W. Ozakowski
(Address) 1715 Eastern Ave.

JUL 13 1934

Registered, ... 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934 to July 11, 1934

I last saw him alive on July 11, 1934 Death is said to have occurred on the date stated above, at 11:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abcess	May, 1934
Heart Failure	

Other contributory causes of importance:

arteriosclerosis.
Mal nutrition.

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Susan Cooms M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

03134

F 03134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand H. Weber

(a) Residence: No. 2903 Inglewood Ave St., Ward.
(Usual place of abode) Hamilton (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena K Weber (wife)

6. DATE OF BIRTH (month, day, year) Aug 6 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip Weber.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schuckman.

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
National Cemetery Date July 13, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. Per F. Sander.
(Address) Baltimore St. & Broadway.

FILED ..... 19 ..... Registrar.

JUL 13 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/2/34 19 to 19

I last saw him alive on 7/8/34 19 . Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Epithelial nature	
to Liver	1°
Edema of Lungs	
Exhaustion	

Other contributory causes of importance:

Name of operation Orchidectomy Date of 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

M. D. B 1268-9

03135

HEALTH DEPARTMENT—CITY OF BALTIMORE

03135

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 McCulloh St., 11-01 (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thos Winn

(a) Residence: No. 1230 McCulloh St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or race: Col | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 1888

7. AGE: Years 45 | Months 11 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chas Co Md

FATHER

13. NAME: Chas Winn

14. BIRTHPLACE (city or town) (State or country): Chas Co Md

MOTHER

15. MAIDEN NAME: Annie Thiss

16. BIRTHPLACE (city or town) (State or country): Chas Co Md

17. INFORMANT: Annie Winn
(Address) 1230 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7-13 1934

19. UNDERTAKER Dent Funeral
(Address) 916 Eutaw ave.

20. Filed JUL 13 1934 Huntingdon Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on July 9 1934. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	

Other contributory causes of importance:

Fecal Vomiting	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leslie Diggs M. D.
Coroner

(Address) Coroner

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 03136 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03136

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 309 Mosher St. 14-01 WARD)

2-FULL NAME Edmund Douglass

(a) RESIDENCE. No. 309 Mosher St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Douglass

6 DATE OF BIRTH (month, day, and year): June 6 1890

7 AGE: Years 44 Months Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Hardway Douglass

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Hanna Cloud

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mathews Co Va

14 Informant: Martha Douglass

(Address): 309 Mosher St

15 Filed: JUL 13 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 1934

17 I HEREBY CERTIFY that I attended deceased from July 7 1934 to July 11 1934

that I last saw h[illegible] alive on July 11 1934

and that death occurred, on the date stated above at 1240P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S B Hughes M. D.

19 (Address) 1432 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery DATE OF BURIAL: July 12 34

20 UNDERTAKER: Archibald L. Gaddis ADDRESS: 201 N. Eutaw St

THIS is very important. See instructions on back of certificates.

03137 L. F. S.—100 Bks. Josephine Kosmaczewska

F 03137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S. Bond ST. B-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jozefa Kosmaczewska

(a) RESIDENCE NO. 710 S. Bond St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., if foreign birth? 35 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Cwaling ski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anna Adamkiewicz Daughter

(Address) 710 S. Bond St.

15 JUL 13 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-10-34

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1934 to July 11, 1934 that I last saw her alive on July 10, 1934 and that death occurred, on the date stated above, at 7:45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Cystoid Lues
Myocardial Insufficiency
Arteriosclerosis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Jaworski, M. D.

7/12, 1934 (Address) 2529 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL July 14 1934

20 UNDERTAKER John M Weber ADDRESS 401 S. Chester St

-30—M. & T.—100 B. [illegible]

F 03138

F 03138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

REGISTERED NO. 19-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Greenspan

(a) RESIDENCE NO. 130 W. 24th St ST., ... WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Greenspan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant The Rose Greenspan

(Address) 130 W. 24th St

15 Date July 13 1934 [illegible] or Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph Morrissey, Coroner, M. D.

19 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL July 13 1934

ADDRESS 1127 E Balto st

20 UNDERTAKER Sol Levinson & Bro

F 03139

F 03139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Cooper

(a) Residence: No. 204 S Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth (dead)

6. DATE OF BIRTH (month, day, year) July 7, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lard ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md Date July 12. 34.

19. UNDERTAKER Wendell J. Culpepper
(Address) 200 S. Eden St.

JUL 13 1934 Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934 to July 12, 1934

I last saw him alive on July 12, 1934 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis, Effusion Cause ?	3 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pennigel M. D.

(Address) Balt City Hosp

A&Co. 5M 250 F 03140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03140

CERTIFICATE OF DEATH

√159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5921 Sefton Ave St., 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Louis Chesl Jr.

(a) Residence: No. 5921 Sefton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1934

7. AGE	Years	Months	Days	If LESS than 1 day 19 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Louis Chesl

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Emelia Mary Grelle

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

17. INFORMANT mother (Emelia Chesl)
(Address) 5535 Hfd Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date July 12, 1934

19. UNDERTAKER [redacted]
(Address)

Dec. [illegible] 1934 [redacted] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to July 11, 1934
I last saw him alive on July 11, 1934 death is said to have occurred on the date stated above, at 4.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (35 wks)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. A. Alessi M. D.
(Address) 6217 Harford Rd

M. D. P. 1261-3

F 03141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03141

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Scott St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Koenig Infant of Anna

(a) Residence: No. 1213 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Norman Koenig

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna Easter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date July 13? 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED JUL 13 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	1
Other contributory causes of importance: Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Zeller Coroner, M. D.

(Address) 2769 Eastern Ave

M. D. B. 1268-9

F 03142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03142

CERTIFICATE OF DEATH

✓ 157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Pearl M. Brooks

(a) Residence: No. 113 S Fulmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-6-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. A. Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pearl M. Still

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Pearl M. Brooks

(Address) 113 S Fulmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date July 13 1934

19. UNDERTAKER [illegible] Baltimore

(Address)

20. FILED 19 [illegible] Registrar

L 13934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-6-34 19... to 7-7 19 34

I last saw her alive on 7-7 19 34 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Systolic Heart murmur (congenital)	7-6-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. J. Conway M. D.

(Address) Vol. Hospital

M. D. B. 1265-9

F 03143

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03143

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St. 14-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~.....~~ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Steels.

(a) Residence: No. Alabama St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Mulatto

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): about 1884

7. AGE: Years: about 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Alabama

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: N. W. Police Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Public Cemetery Date: July 13, 1934

19. UNDERTAKER: [illegible]

(Address)

20. [illegible] 19 [illegible]

L 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to pistol wound of Intestine	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury July 12, 1934

Where did injury occur? 1300 Block Penn Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Pistol wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Kunk Coroner, M. D.

(Address) .....

M. D. B. 1210

F 03144

M F 03144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Bailey

(a) Residence: No. 625 Mosher St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan. 12, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	7 5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Leandy Bailey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Connie Spencer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Leandy Bailey
(Address) 625 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 7/14, 1934

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. [illegible] Huntington [illegible] Registrar.

13193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 7/10, 1934

Where did injury occur? In front of 618 Mosher St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Accident

Manner of injury Struck by auto while

Nature of injury playing on street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Sokorus M. D. Coroner

(Address) 2255 E Madison St

M. D. B. 1268-A

F 03145

F 03145

287587

N-Surg

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 53

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Tenn.

2. FULL NAME Mary Willhoit

(a) Residence: No. [redacted] St., Ward Bull Gap —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
H[redacted] of
(or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) July 1-1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 637

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Jerome Burganer

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date 7/13/34

19. UNDERTAKER (Address) Joseph Ahrens 2701 N Bway

20. FILED 7/13/34 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-34

22. I HEREBY CERTIFY, That I attended deceased from 7-8-34 to 7-12-34, 1934

I last saw her alive on 7-12-34, 1934 Death is said to have occurred on the date stated above, at 3:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1932

Other contributory causes of importance:

None

Name of operation Rt. Craniotomy Date July 11 '34

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hosp

03146 F 03146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospt. Ward) 15-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Smith
(a) Residence: No. 1708 Westwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Smith

6. DATE OF BIRTH (month, day, year) 5-6-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	2	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Field Bell
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Bette Jackson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL
Place Kilmarnock Va Date July 13 34

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Preston ave.

FILED JUL 13 1934 Health Commissioner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-9 1934 to 7-12 1934
I last saw h[illegible] alive on 7-11 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	June (?)

Other contributory causes of importance:
Secondary anemia

Name of operation Laparotomy Date of Nov 1933
What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Bowers, M. D.
(Address) Bon Secours Hosp

M. [illegible] 1268-0

(03147) F 03147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54-005

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 W. Franklin St. 11 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Annie Green

(a) Residence: No. 1201 W. Franklin St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
	58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 070

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Ethel Green
(Address) 1201 Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Auburn Date 7-16 1934

19. UNDERTAKER Daniel Easter's
(Address) 716 Eager ave

20. [illegible] 19 [illegible] Registered No.

L 13 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1933 to July 12 1934

I last saw h[illegible] alive on July 1st 1934. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Tonsil.	
Abscess of Tonsil.	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Douglas Shepperd M. D.

(Address) 1063 Myrtle ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. No. F-03148

F 03148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 9-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Lanahan

(a) Residence: No. 2037 Kennedy (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced WIFE of (or) HUSBAND of Catherine

6. DATE OF BIRTH (month, day, year) Nov 11, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 806

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Texas Md Date 7/14 34

19. UNDERTAKER J. J. Fahey Son

(Address) 1318 Light St

Huntington Williams, N.Y.

JUL 13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to July 11, 1934

I last saw him alive on July 11, 1934 Death is said to have occurred on the date stated above, at 1120 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, right Hemiplegia, Aphasia	1½ yrs
Bronchopneumonia	terminal

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp

M. D. F 126

F 03149

F 03149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S. Exeter St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Assunta Giovannucci

(a) Residence: No. 242 S. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Giovannucci

6. DATE OF BIRTH (month, day, year) Oct 8, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Antonio Tuzzicchi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Coreli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 14, 1934

19. UNDERTAKER Frank T. Sipsitone

(Address) 2518 E. Baltimore St

20. FILED JUL 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932 to Oct. 8, 1934

I last saw h... alive on July 11, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7/11/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Casagno M. D.

(Address) 514 Druid Park

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. Publ. 1968-0

F 03150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03150

CERTIFICATE OF DEATH

X 157-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Davis James Kenneth Davis

(a) Residence: No. Annapolis Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 17 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Kenneth G Davis

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Alma M. Hudson

16. BIRTHPLACE (city or town) (State or country) Cecil Maryland

17. INFORMANT Kenneth G Davis

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date July 14 " 34

19. UNDERTAKER Frost & Clark

(Address) 1003 N Baltimore St

20. [illegible] Filed for Filing [illegible]

L 131934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 . 1934. to July 13 . 1934.

I last saw him alive on July 13 . 1934. Death is said to have occurred on the date stated above, at 2 45/60 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cleft Palate	since Birth
Myocardial Failure	7/13/34
Other contributory causes of importance: Postoperative Shock	7/13/34

Name of operation Staphylorraphy Date of July 12, 34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Emil J. C. Hildebrand, M. D.

(Address) University Hospital

S. D. F 126 (3) F 03151 ✓ F 03151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL St. 10-A Ward)
CITY OF BALTIMORE: (No. BALTIMORE, MD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John O'Neill
(a) Residence: No. 916 Fawn St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 31, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year) 6/29/34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Joseph L.
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Higgins
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Delahanty
(Address) 916 Fawn St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 7/14/34 19

19. UNDERTAKER Otto Wakefield
(Address) [illegible]

20. [illegible] 13 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12/1934

22. I HEREBY CERTIFY, That I attended deceased from 6/29/34, 19 to 7/12/34, 19
I last saw him alive on 7/12/34, 19 Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral hemorrhage	
2. Coronary sclerosis	

Other contributory causes of importance:

Pulmonary & cerebral embolism

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, [illegible]

(Signed) J. M. Mueller, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-9

03152

HEALTH DEPARTMENT—CITY OF BALTIMORE

03152

CERTIFICATE OF DEATH

X 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 18 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel C. Bowen

(a) Residence: No. Willows Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary. Bowen.

6. DATE OF BIRTH (month, day, year) [illegible] 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John L. Bowen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anne Hutchison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Date July 15 1934

19. UNDERTAKER W. H. Hutchison

(Address) Mt Harmony Calvert Co. Md

FILED JUL 14 19[illegible]

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/25 1934 to 7/13 1934

I last saw him alive on 7/13 1934 Death is said to have occurred on the date stated above, at 7:00 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate — Date of onset

Bilateral Hydronephrosis

Uremia

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? (Yes) No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bullock M. D.

(Address) Mercy Hospital Baltimore Md

M. D. B 1268-C

0-3153 7-12-34 Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

0-3153

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 13-01 Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Thomas

(a) Residence: No. 2116 Mt Royal Terrace Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Annie

6. DATE OF BIRTH (month, day, year) 8-5-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month, year) 11. Total time (years) Retired

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Tredell Summs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July-14 24

19. UNDERTAKER Stewart & Co. (Address) 1085 Hillsmear

20. FILED . 19 (Registrar)

JUL 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12- . 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-28- . 1934 to 7-12- . 1934

I last saw him alive on 7-12- . 1934 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct	7-11-34
Coronary Occlusion	6-30-34
Other contributory causes of importance:	
Chronic Myocarditis	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

F 03151 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03154

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Park Avenue St., 11-01 Ward)

Length of residence in city or town where death occurred 81 yrs. 9 mos. 20 ds. How long in U. S. If of foreign birth? 81 yrs. 9 mos. 20 ds.

2. FULL NAME Ella Houghton Young Raine

(a) Residence: No. 1313 Park Avenue St., Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Raine Jr

6. DATE OF BIRTH (month, day, year) Sept-22-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Col. John Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emily E. Richardson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Emily R. Williams (daughter)
(Address) 1202 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date July 14 34

19. UNDERTAKER Edward F. Moore Company
(Address) 102 N. North Avenue

JUL 14 1934 Registrar Augusta Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 9th 1934 to July 12 1934
Last saw her alive on July 12th 1934 Death is said to have occurred on the date stated above, at 4.45 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	7.12.34
Chronic senile myocardial degeneration - last of several similar attacks	
Other contributory causes of importance: ✓	

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. Van Arsdale M. D.
(Address) 1515 Park Ave

M. D. P. 1268-9

03155

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 03155

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Tuberculosis Ward) H-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry T. Free

(a) Residence: No. 410 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Apr. 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) PENNA.

FATHER

13. NAME Martin Free

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Bartenbeck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL. Date 7/14, 1934

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

JUL 14 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934 to July 12, 1934

I last saw her alive on July 11, 1934 Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Mary Jacobs, M. D.

(Address) Balto. City Hospitals

M. D. B 1268-9

03156

✓ F 03156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 N. Fulton Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabell A. Schwartz,

(a) Residence: No. 1410 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Schwartz,

6. DATE OF BIRTH (month, day, year) October 20, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME William MeAllister,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hester J. Carroll.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Elizabeth E. Pine

(Address) 1410 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL JUL 16 1934

Place London Park Date , 19

19. UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave.

JUL 14 1934

Huntington W. Va. 2715

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 12 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from July 33 to July 12 1934

I last saw her alive on July 12 34. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Causes of Brest.	3yrs

Other contributory causes of importance:

Metastases appendix Lung

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) W. S. Gray M. D.

(Address) 622 N. Fulton Ave

M. D. B. 1268-9

03157 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03157

CERTIFICATE OF DEATH

X 95-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Fairbanks

(a) Residence: No. Hanover Maryland St., ... Ward.
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Fairbanks

6. DATE OF BIRTH (month, day, year): Nov. 29, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): June 1934

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Elkridge, Md.

FATHER

13. NAME: George Fairbanks

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Rebecca Harman

16. BIRTHPLACE (city or town) (State or country): A. A. Co.

17. INFORMANT: Eliza Fairbanks
(Address) Hanover, Md.

18. BURIAL, CREMATION, OR REMOVAL: Meadville Cemetery
Place: Elkridge Md. Date: July 16 1934

19. UNDERTAKER: E. Leroy Stiffler Inc.
(Address) 125 E. Baltimore Street

20. FILED: ... Registrar.

UL 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934, to July 13, 1934.

I last saw him alive on July 13, 1934. Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	
Auricular Fibrillation.	
Hardened Arteries - Sclerosis.	
Pulmonary Edema.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. J. Throop M. D.

(Address) Elkridge. Md.

03138 ✓ F 03158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St. 16-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Robinson

(a) Residence: No. 1010 N. Carrollton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): Separated

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Luther Robinson

6. DATE OF BIRTH (month, day, year): 7-16-1890

7. AGE: Years 33 | Months 11 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: Joseph Chase

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Woods

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Balto City Hospt Records.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bowlers Wharf Essex Co. Va. Date: July 15, 1934

19. UNDERTAKER: Mrs. Katie R Williams

(Address): 322 N. Schroeder St.

JUL 14 1934

Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1934 to 7-11, 1934

I last saw her alive on 7-, 1934 Death is said to have occurred on the date stated above, at 5:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?
Bronchopneumonia bilateral	2 days
Secondary anemia.	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Bowers, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03159 F 03159

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Madison Ave, 13 Ward)

Length of residence in city or town where death occurred: Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Walters

(a) Residence: No. 2321 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jno N. Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nancy ...

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nellie Wright (Address) 2321 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Laurel Cem Date 7/14 34

19. UNDERTAKER Bryan & Mowbray (Address) 518 Druid Hill Ave

Filed 7/14 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/34

22. I HEREBY CERTIFY, That I attended deceased from 7/5/34 to 7/11/34

I last saw h[illegible] alive on 7/10/34 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Primary)	7/1/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. B. Hawkins M. D.

(Address) 912 Eutaw St

M. D. P. 1268-9

F 03160

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03160

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 N. Washington Ave., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Bruder

(a) Residence: No. 2037 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 28 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Bruder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Scott

(Address) 2037 N. Washington

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date July 16 1934

19. UNDERTAKER Henry Koeck Sons, Inc.

(Address) 1301 E. Eager St.

Filed JUL 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11 1934 to July 13 1934

I last saw her alive on July 12 1934 Death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	7/11/34
Aortic Mitral Heart Disease	Uncertain

Other contributory causes of importance:

Arteriosclerosis	Uncertain

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Macdonald M. D.

(Address) 108 N Dulton Ave

M. D. F. 1268-9

03161 F 03161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003.

1. PLACE OF DEATH Leindale

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Berger

(a) Residence: No. Belvedere & Greenspring Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Samuel Berger

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 83; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Sig Gumbard, Supt. Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL. Place Dulaney Cir, Mt. Carmel Date 7-15-, 1934

19. UNDERTAKER (Address): Jacob Levin Inc 1429 E. Balto. St.

JUL 14 1934

Harrington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1934 to 7-13, 1934

I last saw h[illegible] alive on 7-13, 1934 Death is said to have occurred on the date stated above, at 1130 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset: .....

Chl. Myocarditis — Date of onset: .....

Arteriosclerosis — Date of onset: .....

Other contributory causes of importance:

Chronic Bronchitis — Date of onset: .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Kerr, M. D.

(Address) Leindale

M. D. B. 1908-9

A3162 28775

✓ A-13162

HEALTH DEPARTMENT—CITY OF BALTIMORE 162

+53

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. E. of ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emanuel Hirsch

(a) Residence: No. 103 Grove St., ... Ward. Brooklyn, N. Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/10/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Mordicai Hirsch

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Mina Pfefferman

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place New York, N.Y. Date 7-14- , 1934

19. UNDERTAKER (Address) Jacob Levin Inc 1439 E. Baltimore St

JUL 14 1934 Herrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934 to July 13, 1934

I last saw h alive on July 13, 1934 Death is said to have occurred on the date stated above, at 12 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - malignant	4 yrs.

Other contributory causes of importance:

Name of operation craniotomy Date of 7-13-34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Abercrombie M. D.

(Address) Johns Hopkins Hospital

M. D. B 126F-9

03163 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03163

CERTIFICATE OF DEATH

M ✓ 207

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Yards R R St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert C Faust

(a) Residence: No. 4306 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: WIFE of Catherine R Faust

6. DATE OF BIRTH (month, day, year) Jan 20 1888.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	46	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Penn R R 73

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian Faust

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Kath Faust

(Address) 4306 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 7/14 1934

19. UNDERTAKER Margaret G Flynn

(Address) 1422 Light St.

7 14 1934 Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 1.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed by being run over by a Railroad Engine	
accidental.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
(Accident), suicide, or homicide? Yes Date of injury 7/12 1934

Where did injury occur? Bay View Yards R R.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Run over by Engine

Nature of injury Decapitation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) B P Jessop M D Coroner

(Address) 1305 N Patterson Park Ave

M. D. F. 1209-9

F 03164 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03164

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Columbus Allen

(a) Residence: No. 1811 Etting St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Allen

6. DATE OF BIRTH (month, day, year) July 19 1875

7. AGE: Years 58 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 04

10. Date deceased last worked at this occupation (month and year) 7

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

FATHER

13. NAME Jerry Allen

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

MOTHER

15. MAIDEN NAME Jenny Valentine

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

17. INFORMANT (Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary Cem Date 7/14/34

19. UNDERTAKER Frances A. Hemsley (Address) 578 W. Biddle St

Registered by Philip Lee 1/15

JUL 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1933 to 7-12 1934

I last saw him alive on 7-12 1934 Death is said to have occurred on the date stated above, at 1.10 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Sarcoma right foot	18 mos ?
Other contributory causes of importance: Metastases to lungs & lymph nodes & amputation right leg	? ?

Name of operation amputation right leg Date of 6-9-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. R. Barney M. D.

(Address) Balto City Hosp

M. D. F 1261-9

03165

HEALTH DEPARTMENT—CITY OF BALTIMORE

03165

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 W. Barre St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Carrie Wallace

(a) Residence: No. 616 W. Barre St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jerry Wallace

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 53 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs K. Funn
(Address) 616 W. Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Parker Creek, Calvert Co. Date 7/15 ... 34

19. UNDERTAKER: Walter B. Griffith
(Address) 1314 Hanover St.

20. FILED ... 19 ... E. Fee Williams, Registrar

JUL 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 ... 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute indigestion	

Other contributory causes of importance: Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Zellers ... M. D.
Coroner

(Address) 2739 Eastern Ave.

M. D. B. 1268-9

03166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03166

CERTIFICATE OF DEATH

82-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lutheran Memorial Hospital

CITY OF BALTIMORE: (No.) 1300 Eaton Avenue St., 26-A Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Herman Kirschnick

(a) Residence: No. 3100 Kenyon Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Mary Kirschnick

6. DATE OF BIRTH (month, day, year) Feb 3 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	..	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Charles Kirschnick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lutheran Memorial Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer July 16 - 34

(Place) (Date) 19..

19. UNDERTAKER Jas. J. Stevenson

(Address) 3004 Kentucky Ave

20. FILED July 17 - 1934 Registrar

151934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, . 1934, to July 13 . 1934

I last saw him alive on July 11, 1934 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis & Hypertension	
Hemiplegia, right & Aphasia	Jan. 1928

Other contributory causes of importance:

Pulmonary emphysema & edema	7-1-34.

Name of operation Medical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roades Fayerweather M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 03167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03167

CERTIFICATE OF DEATH

X 79-001

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sallie Smith

(a) Residence: No. Mercersburg, Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 2, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mercersburg, Pa.

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Mercersburg, Pa.

MOTHER

15. MAIDEN NAME Anna Rebecca Smith

16. BIRTHPLACE (city or town) (State or country) Mercersburg, Pa.

17. INFORMANT Robert Smith
(Address) Mercersburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Mercersburg Pa. Date 7/17, 19

19. UNDERTAKER J. H. Kessler
(Address) Mercersburg, Pa.

20. [illegible] Register

JUL 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to July 14, 1934.

I last saw her alive on July 14, 1934. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Type undetermined)	?

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas T O'Meara, M. D.

(Address) 804 Cathedral St

M. D. Form 6

F 03168

F 03168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH Levindale

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah Klairansky

(a) Residence: No. Belvedere & Greenspring Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late David

6. DATE OF BIRTH (month, day, year) 1865 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69 8 9		7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Antkowy

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Antkowy

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Klairansky

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Rosedale Date July 15 1934

19. UNDERTAKER J. Levinson Bro

(Address) 1127 E Baltimore St.

20. FILED JUL 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1934 to 7-13, 1934

I last saw her alive on 7-13, 1934 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Card. valvular disease	
Hypertension	
Chr. Bronchitis	

Other contributory causes of importance:

Kyphosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Edmund Levin M.D.

(Address) Levindale

OCCUPATIONS is very important. See INSTRUCTIONS on back of certificate.

JUL 15 1934

M. D. B. 1268-9

F 03169

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03169

CERTIFICATE OF DEATH

✓ 87-001

Registered No. 87-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Beaumont Av St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

2. FULL NAME Patrick Joseph Codd

(a) Residence: No. 708 Beaumont Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Catherine Sinnott

6. DATE OF BIRTH (month, day, year): July 29, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	79	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ------- Ireland

FATHER

13. NAME: Martin Codd

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

MOTHER

15. MAIDEN NAME: -------

16. BIRTHPLACE (city or town) (State or country): ------- Ireland

17. INFORMANT: Jos. A. Codd

(Address): 708 Beaumont Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 7/17 19 34

19. UNDERTAKER: Harry W. Meads Inc.

(Address): 805 N. Calvert St.

20. [illegible] Date: 7/15/1934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-14- 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12- 1934 to 7-14- 1934

I last saw h. im alive on 7-14- 1934 Death is said to have occurred on the date stated above, at 12.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	?

Other contributory causes of importance:

Cerebral Hemorrhage	7-7-34

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd E. Taylor M. D.

(Address) 3967 York Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] F 03170

F 03170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 E. Centre St., 11-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Angela Andrew

(a) Residence: No. 8 E. Centre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of F. Leroy Andrew

6. DATE OF BIRTH (month, day, year) Nov. 11, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Francis H. Starkey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Josephine Butler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Jas. T. Starkey
(Address) 8 E. Centre Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 7/16 1934

19. UNDERTAKER Henry H. Meyer & Son
(Address) [illegible]

21. FILED JUL 15 1934 Hunting for Wife Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1931 to 7/14 1934

I last saw h[illegible] alive on 7/13 1934 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenomeiocoma of ovary	Sept 1933 (?)

Other contributory causes of importance:

Name of operation Panhysterectomy Date of Feb. 1934

What test confirmed diagnosis? Exam Was there an autopsy? N.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thodore E. Stacy M. D.

(Address) 401 Cathedral

F 03171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03171

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp St. 15-01 Ward)
Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert C Frankton

(a) Residence: No. 2301 Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Dorothy Frankton

6. DATE OF BIRTH (month, day, year): March 4, 1891

7. AGE: Years 43 | Months 4 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Professor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Univ
10. Date decedent last worked at this occupation (month, day, year): July 12 1934
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: John Frankton
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Ida Tucker
16. BIRTHPLACE (city or town) (State or country): Howard Co Md

17. INFORMANT: Dorothy Frankton
(Address) 2301 Ellamont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 7/16 1934

19. UNDERTAKER: Wm Cook
(Address) 1217 E Oal St

L 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Eugene Feller M. D. Coroner
(Address) 2739 Eastern Ave

M. D. Blank F 03172

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03172

186-001

CERTIFICATE OF DEATH

Registered No. 8-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Clifton Park Terrace Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ann Fleming

(a) Residence: No. 2820 Clifton Park Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S.

6. DATE OF BIRTH (month, day, year) April 13/1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles G. Grover

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah S. Bond

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles S Fleming
(Address) 2820 Clifton Park Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 7/16 1934

19. UNDERTAKER J. M. Cole & Son
(Address) 1217 E. Lord St.

FILED JUL 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yrs
Diabetic Coma	

Other contributory causes of importance:

Fracture of left femur (hip)	7/10/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Injury 7/10/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home. Slipped on cellar steps.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Mason Coroner, M. D.

(Address) 508 E. Fronts

M. D. B 1263-2

F 03173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03173

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1012 N. Fulton (St.) 18-01 (Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blakely H. Mathews

(a) Residence: No. 1010 N. Fulton St., ... Ward.
(Usual place of abode) 35 Yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary R Mathews

6. DATE OF BIRTH (month, day, year): Jan 17 1856

7. AGE: Years 78 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Kohs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Georgia.

FATHER

13. NAME: Uneman Mathews

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Watson

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Mary R Mathews
(Address): 1010 N Fulton

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: July 16 34

19. UNDERTAKER: William Cook
(Address): 1217 St Paul Street

FILED ... 19...

JUL 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset

Other contributory causes of importance:

Diabetes 10 yrs

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. C. Luth, M. D.
Coroner

(Address) ...

F 03174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 03174

126

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 Augusta ave ST. 20-01 WARD)

2. FULL NAME Ida Ellsworth Sears

(a) RESIDENCE NO. 157 Augusta ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of William T. Sears

6 DATE OF BIRTH (month, day, and year) Mar 23rd 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Rupp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Manchester Md.

12 MAIDEN NAME OF MOTHER Sarah Ann Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westminster Md.

14 Informant (Address) Sister Bonnie Blink. Cockeysville Md.

15 Filed [illegible] 19 Huntington to Wilbur Slaughter

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13-1934

17

I HEREBY CERTIFY. That I attended deceased from July 10, 1930, to July 13, 1934

that I last saw h~~er~~ alive on July 13, 1934

and that death occurred, on the date stated above, at 2.28 a. m.

The CAUSE OF DEATH* was as follows:

Abcess of Liver

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Gall Stone

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Marshall G. Smith M. D.

July 13, 1934 (Address) Arnold Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL July 16th 1934

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St.

L 15 1934

M. D. F. 03175 Dr Albert Levy 727 E. Preston St

F 03175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 E. Federal St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Goldsmaan

(a) Residence: No. 2211 E. Federal St., Ward.
(Usual place of abode) 11 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND ~~or WIFE~~ of Catherine Goldsmaan

6. DATE OF BIRTH (month, day, year) Sept 30th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Finger Print Expert

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Police Dept.

10. Date deceased last worked at this occupation (month, day, year) July 1934

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

FATHER

13. NAME Jacob Goldsmaan

14. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

17. INFORMANT Catherine Goldsmaan
(Address) 2211 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 16 34

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 19 [illegible]

JUL 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to July 12 1934

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Coronary Thrombosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert L. Levy M. D.

(Address) 727 E. Preston St.

See instructions on back of certificate.

F 03176

F 03176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH: Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 8-91 Ward)

Length of residence in city or town where death occurred 60 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Fischer

(a) Residence: No. 1715 N. Bond St., Ward. (If non-resident give city or town and State)
(Usual place of abode) 50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 23 1856

7. AGE: Years 78 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home & Store
10. Date deceased last worked at this occupation (month and year): 7
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Emil Fischer
14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER
15. MAIDEN NAME: Eliz Monheim
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Western Cemetery July 16 34

19. UNDERTAKER: William Cook
(Address) 127 S. Paul St.

Funeral for William I. Resident.

5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14 34

22. I HEREBY CERTIFY, That I attended deceased from July 13 34 to July 14 34
I last saw h[illegible] alive on July 13 34 Death is said to have occurred on the date stated above, at 9:40 AM

The principal cause of death and related causes of importance were as follows: Date of onset

Pyelonephritis, Diabetes Mellitus, Coma, Heart Weakness ?

Other contributory causes of importance: Bronchio-pneumonia 7/11/34

Name of operation: Biopsy Date of (?) no

What test confirmed diagnosis: Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Bartus M. D.

(Address) Balto City Hosp

M. P. B. 1[illegible]

F 03177

F 03177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Springdale Ave St. 7-0 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME T. Herbert Snyder

(a) Residence: No. 4202 Springdale St., Ave Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude Wolff Snyder

6. DATE OF BIRTH (month, day, year) Feb 17 1890

7. AGE 44 Years	Months	Days	If LESS than 1 day, hrs. or min.
Feb 17-1890	6	14 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6 ds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

FATHER

13. NAME Daniel Snyder

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Mary C. Hurley

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Maude Wolff Snyder
(Address) 4202 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date July 16 1934

19. UNDERTAKER Mary A Glauthup
(Address) 1339 Payson Ave

15 1934 7 24 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 1934 to July 14 1934.

I last saw h alive on July 13 1934. Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 14
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 3136 Eutaw Pl

M. D. B. 1211-9

F 03178

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03178

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 McHenry St. St. 19-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes B. Brennan

(a) Residence: No. 1503 McHenry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE John T. Brennan

6. DATE OF BIRTH (month, day, year) Nov. 6, 1875.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Carl Kraning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Hinckleman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John T. Brennan
(Address) 1503 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 16, 1934

19. UNDERTAKER [illegible]
(Address) 410 Edmondson Ave.

20. FILED [illegible] Deputy

L 15136 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/24/32 19 . to 7/11/34 . 19

I last saw h-e-r alive on 7/11/ . 1934. Death is said to have occurred on the date stated above, at 10.22 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	3/24/32
Senile Atrophy	4 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Curry . M. D.

(Address) 410 W. Lombard

M. F. R. F 03179

F 03179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 N. Gaulberry St., 30-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Hamilton

(a) Residence: No. 1909 N. Gaulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna M. Hamilton

6. DATE OF BIRTH (month, day, year) Nov. 7-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry A. Hamilton

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Pfeiffinger

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT E. B. Hamilton

(Address) 1909 N. Gaulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 16 1934

19. UNDERTAKER H. B. Philpott & Son

(Address) 1200 Eutaw Place

JUL 15 19 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10th 1933 to July 12th 1934

last saw h alive on July 12th 1934 Death is said to have occurred on the date stated above, at [illegible] A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	June 33
Arteriosclerosis	
Senile Debility	
Other contributory causes of importance: Heart failure	July 11 34

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Poulton M. D.

(Address) 3909 Gaurow Blvd.

M. D. B. F 03180 F 03180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 E. 28th St. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Falter

(a) Residence: No. 1702 E. 28th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes T. Falter

6. DATE OF BIRTH (month, day, year) April 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER

13. NAME Joseph Falter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Falter
(Address) 1702 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/16/34

19. UNDERTAKER Samuel Stack.
(Address) 5305 Harford Rd.

JL 15 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13/34

22. I HEREBY CERTIFY, That I attended deceased from July 8. 1934 to July 13 1934

I last saw h alive on July 8 1934 Death is said to have occurred on the date stated above, at 4.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes - adiposity	1-
Myocardial degeneration	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. J. Kirby M. D.

(Address) 6

M. D. P. 1934

F 03181

F 03181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7

1. PLACE OF DEATH Lyderlan Hospital

CITY OF BALTIMORE: (No.) St. 10-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ben Matthews

(a) Residence: No. 815 Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Ben Matthews

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mabel Eubanks

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mother

(Address) 815 Forrest St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 15, 1934

19. UNDERTAKER Robert E. Lee

(Address) 1515 Pitcher St

19. FILED JUL 16 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 34

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to July 14, 1934

I last saw him alive on July 13, 1934 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	6/10/34
Bilateral Mastoiditis	6/26
Acute Empyema	7/10

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 6/30

Clinical Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lachman M. D.

(Address) Lyderlan Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03182

03182

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 309 W. Dolphin St., 11-81 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl H. Anthony

(a) Residence: No. 309 W Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth Anthony

6. DATE OF BIRTH (month, day, year): June 15 1878

7. AGE: Years: 56 | Months: 0 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Columbus Ohio

FATHER

13. NAME: John H Anthony

14. BIRTHPLACE (city or town) (State or country): Columbus Ohio

MOTHER

15. MAIDEN NAME: Louisa

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Carroll W. Lawrence 846 W Cold Spring Ln

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: July 16 1930

19. UNDERTAKER (Address): John O. Mitchell & Son 1908 Eutaw Place

20. (illegible) 1930 Washington Blvd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13 1930

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of: No

Was test confirmed by autopsy? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner. M. D.
(Address)

H. D. B. 1268-9

03183

F 03183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Virginia Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia E. Zimmerman

(a) Residence: No. 3202 Virginia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lothario C. Zimmerman

6. DATE OF BIRTH (month, day, year) June 6th 1854

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	80	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Alexander Zimmerman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Keefer

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs. Ida Reiser

(Address) 3202 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn July 16 1934

19. UNDERTAKER D. S. Marshall

(Address) 2539 Falls Road

FILED JUL 16 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1934 to July 17 1934

that I saw him alive on July 12 1934 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Exhaustion	
Chronic Nephritis & Cerebral Hemorrhage	6 Mo
Senile Dementia	
Other contributory causes of importance:	
Inability to take nourishment	2 weeks

Name of operation None Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) E. E. Smith M. D.

(Address) 1625 N. North Ave.

M. D. B. 1268-9

03184 HEALTH DEPARTMENT—CITY OF BALTIMORE 03184

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp.

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. James Davidson Iglehart

(a) Residence: No. 211 W. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Dr. J. D. Iglehart

6. DATE OF BIRTH (month, day, year) Oct. 6, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME James Wilson Iglehart

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Matilda Davidson

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Mrs. Stiles

(Address) 211 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 16 1934

19. UNDERTAKER J. Wenkins Sons

(Address) Cathedral & Centre

20. FILED ..... 19 ..... Registrar.

JUL 16 1934 Health Department, City of Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1934 to 7-14-34, 19....

I last saw him alive on 7-14-34, 19.... Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia; Arteriosclerotic Heart Disease

Date of onset 7-13-34

Other contributory causes of importance:

Arteriosclerotic Heart Disease Auricular Fibrillation.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

M. D. B. 1265-9

03185 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03185

CERTIFICATE OF DEATH

Registered No. X 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Livingston Mc Laws-

(a) Residence: No. 15 E. Bay St, Savannah Ga St., Ward. Savannah Ga
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 21, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia-

FATHER

13. NAME Ulrich H. McLaws-

14. BIRTHPLACE (city or town) (State or country) Augusta, Ga

MOTHER

15. MAIDEN NAME Gertrude Harvey

16. BIRTHPLACE (city or town) (State or country) Sylvania, Ga.

17. INFORMANT Self-
(Address) Robt. L. Reed

18. BURIAL, CREMATION, OR REMOVAL
Place Savannah Ga. Date July 16 1934

19. UNDERTAKER Lang & Hopkins Inc
(Address) 14 E Bolton Ave

20. FILED 19 Registrar

L 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934 to July 14, 1934
I last saw him alive on July 14, 1934. Death is said to have occurred on the date stated above, at 6.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
First Degree Heart Block	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry M. Jensen M. D.
(Address) Union Memorial Hospital

M. D. B. 1268-9

03186

HEALTH DEPARTMENT—CITY OF BALTIMORE

03186

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 3-0 Ward)

Registered No. 117-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Nuesslein

(a) Residence: No. 1533 Lancaster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Nuesslein

6. DATE OF BIRTH (month, day, year) May 17 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teamster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Marie Reaver Daughter (Address) 1533 Lancaster st.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date July 17. 1934

19. UNDERTAKER Little Zeller Inc (Address) 403 So Wolfe st.

20. [illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 . 1934 to July 13 . 1934

I last saw him alive on July 13 1934 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ruptured gastric ulcer	
2. Peritonitis.	

Other contributory causes of importance:

Name of operation Repair ruptured ulcer Date of 7-10-34

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, Md

JUL 15 1934

M. D. B. 1268-9

03187

F 03187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128.s.Rochester.Place St., 1-01 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Fairley

(a) Residence: No. 128.s.Rochester Place St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Fairley

6. DATE OF BIRTH (month, day, year) Aug.6.1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Biggermann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Winks (daughter)
(Address) 128.s. Rochester Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date July17. 34

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 E. Wolfe st.

20. [illegible] 19 Registrar.

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July.14. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10th. 1934. to July 14 1934
I last saw her alive on July 13. 1934 Death is said to have occurred on the date stated above, at 10 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	unk
chronic Nephritis	

Other contributory causes of importance:

acute dilatation of heart	

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — , 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dawid Silverstein M. D.

(Address) 22 [illegible] Broadway

M. D. P. 1268-9

✓ F 03188

3188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 10-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kerr.

(a) Residence: No. 935 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin

6. DATE OF BIRTH (month, day, year) 11/8/1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. factory worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Ed. Johnson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Eleanor Briscoe

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT (Address) Records. Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Magothy Date July 16 1934

19. UNDERTAKER Garner & Staylor (Address) 1412 Eutaw St

20. FILED JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-14 1934

22. I HEREBY CERTIFY, That I attended deceased from July-6- 1934 to July-14 1934

I last saw her alive on July-14- 1934 Death is said to have occurred on the date stated above, at 3 20 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	6/20/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Krause M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1269-9

03189 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03189

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. University Hospital 22-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ethella Brinkley

(a) Residence: No. 15 W. Hughes St., ____ Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert Brinkley

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME /

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Herbert Brinkley

(Address) 15 W. Hughes St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 7/14/1934

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 108 W Montgomery St

JUL 16 1934 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__

I last saw h__ alive on ____ 19__. Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edgar Zeller, M. D. Coroner

(Address) 2759 Eastern Ave.

F 03190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03190

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Briscoe Morton

(a) Residence: No. 715 N Carey St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	~~Married~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 7/9

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME John Morton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maggie Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Agnes Clark

(Address) 1243 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/16, 34

19. UNDERTAKER Sand W. C. Jones & Son

(Address) 508 N. Gilmor

Registrar.

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw her alive on ——, 19—. Death is said to have occurred on the date stated above, at 7:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed O. K. Stevens M.D. M. D.

Coroner

(Address) 1306 N Patterson Park Ave

M. D. B. 1268-9

F 03191 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03191

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Edmondson Ave. Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Strong Sunstrom

(a) Residence: No. 2830 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Sunstrom

6. DATE OF BIRTH (month, day, year) Nov 17th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66 in Basement

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Apr 34

11. Total time (years) spent in this occupation 4 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert C Sunstrom

14. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER

15. MAIDEN NAME Margt Ann Teague

16. BIRTHPLACE (city or town) (State or country) Baltimore md.

17. INFORMANT Mark T Sunstrom
(Address) 129 W Burgee St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date July 16th, 1934

19. UNDERTAKER Towell & Rhyter
(Address) 2824 Edmondson Ave.

JUL 16 1934 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1934, to July 14, 1934

I last saw him alive on July 13, 1934 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	Mar 34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed [illegible] M. D.
(Address)

7.03192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 1501

CITY OF BALTIMORE: (No. Hudson & Caton Ave. St., or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Stewart Wiegman

(a) Residence: No. 859 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Wiegman

6. DATE OF BIRTH (month, day, year) Dec 13, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~55~~	65	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accounting Dept. Fidelity & Deposit Co.
10. Date deceased last worked at this occupation (month and year) June 1933 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Stewart
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sallie Lucas
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Coralie Wiegman (Address) 859 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date July 16 1934

19. UNDERTAKER Wm J. Tilghman Sons (Address) North & Pine Sts

20. FILED JUL 16 1934 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1934, to 7-14, 1934

I last saw h alive on 7-14, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerating Carcinoma of Breast with axillary, subdiaphragmatic and pulmonary metastasis	Jan. 1934

Other contributory causes of importance:

Congestive Heart Failure	July 6, 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T. Ward M. D.
(Address) 804 Cathedral St

M. D. F. 1268-3

F 03193 ✓ F 03193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Ramsay St. 19-al (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Covell

(a) Residence: No. 1708 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha E. Covell

6. DATE OF BIRTH (month, day, year) June 7. 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Luther M. Covell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary L. Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Martha E. Covell
(Address) 1708 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 17 1934

19. UNDERTAKER Mrs. Mrs. John W. Tuffel & Son
(Address) 801 W. Fayette St.

20. FILED JUL 16 1934 19 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1934 to July 14 1934

I last saw him alive on July 14 1934 Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Syncope	1 day.
Other contributory causes of importance:	
Intestinal Nephritis	5 mo.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) H. Hobart Keech M. D.

(Address) 2502 Calvert Ave. Balto. Md.

M. D. F. 1268-9

03194

F 03194

HEALTH DEPARTMENT—CITY OF BALTIMORE

287246

CERTIFICATE OF DEATH

X 99

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbur Brown

(a) Residence: No. c/o Fla. East Coast RR St., Ward. St. Augustine Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/5/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Wilbur Brown

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Sara Boyd.

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Selma, Ala. 7/16 1934

19. UNDERTAKER Wm Cook (Address) 1214 E Fond Du Lac Ave Milwaukee Wis

Registered ... 19 ... Register.

JUL 16 1934

Via Penna R.R. Co to Miss Anna Rogers.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28 1934 to July 14 1934

I last saw him alive on July 14 1934. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage - stomach or Oesophagus ?	7/13/34
Coronary occlusion	1933
Arteriosclerosis	
Hypertension -	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital Balto. Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03195

F 03195

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Cryer

(a) Residence: No. 1300 E Lehart St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12, 1868

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
66	01	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John K. Cross

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rebecca Keiner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Wm J. Greenwood

(Address) 3117 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 7/16/34 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

JUL 16 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934 to July 13, 1934

I last saw him alive on July 13, 1934 Death is said to have occurred on the date stated above, at 4:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma esophagus	
2. Perforation of esophagus & Mediastinal emphysema	
Other contributory causes of importance:	
and pneumothorax	

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B 1268-9

03196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** MF 03196

205-008

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 N. Carlton St., 14-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brayton Breeningtoy

(a) Residence: No. 1408 N. Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 7-1902

7. AGE: Years 32; Months ...; Days 6; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): July 13-34

11. Total time (years) employed at this occupation: ...

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: Joseph Breeningtoy

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ...

17. INFORMANT: Sarah Chastain

(Address) 1408 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olive, N. C. Date: July 16, 1934

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 3 and 5 Lexington St.

JUL 16 1934

H. E. Williams, Mgr.

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Punctured chest	
Lung and heart	July 13 '34

Other contributory causes of importance:

Accident	July 13-34
Surgery	July 13-34

Name of operation: Surgery Date: July 13-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury: July 13, 1934

Where did injury occur? 209 N. Carlton St. Bakery (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Industry

Manner of injury (Gun)

Nature of injury: Punctured heart & Lung

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify (Gun)

(Signed) Joseph L. Dahlberg M. D.

(Address) 16 So. Wolfe Coroner

M. D. B. 1268-9

F 03197 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03197

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Webster St. 24-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John P. Thompson

(a) Residence: No. 1311 Webster St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Flynn Thompson

6. DATE OF BIRTH (month, day, year) Jan. 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs John Connelly
(Address) 1311 Webster St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/17 1934

19. UNDERTAKER Margaret A. Flynn
(Address) 1423 Light St.

FILED JUL 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1934 to July 14 1934

I last saw h... alive on July 14 1934. Death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 mos.

Other contributory causes of importance:

Chronic Nephritis	6 mos.

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Wheeler M. D.

(Address) 1279 Millram St

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 03198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03198

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 19-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah Warfield

(a) Residence: No. 1415 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married - Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANNIE

6. DATE OF BIRTH (month, day, year) 3-14-08

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	26	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jack Warfield

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 7/16 19 34

19. UNDERTAKER Thomas E. Kelson
(Address) [illegible]

UL1619 [illegible] 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-5 1934 to 7-13 1934

I last saw him alive on 7-12 1934 Death is said to have occurred on the date stated above, at 2.25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1934
Other contributory causes of importance:	

Name of operation. Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer Jacobson M. D.
(Address) Balto City Hosp.

M. D. P. 1268-9

3199

HEALTH DEPARTMENT—CITY OF BALTIMORE

3199

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24-21 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Hill

(a) Residence: No. 306 E. Hamburg St., Baltimore, Md. Ward. .....
(Usual place of nbode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Hill

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Mulligan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 18 19 34

19. UNDERTAKER Margaret E. Flynn
(Address) 207 N. Hilton St.

20. FILED JUL 16 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 14 19 34 to July 15 19 34
I last saw him alive on July 15 19 34 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	unknown
Other contributory causes of importance: Auricullar fibrillation	"

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. A. Abbott M. D.
(Address) U.S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03200 F 03200

CERTIFICATE OF DEATH

22-01 174

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James Bailey. (C)

(a) Residence: No. 533 W. Barre St. St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Viola Bailey. (C)

6. DATE OF BIRTH (month, day, year) March 12, 1888

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
46	36	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. 04

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Viola Bailey. (C) wife.
(Address) 533 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 7/16/34

19. UNDERTAKER Isaac L Brown & Son
(Address) 1084 W Monroe st

Filed ..., 19... Registrar ... Huntington Williams, M.D.

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to stab wound of abdomen. Homicide.	

Other contributory causes of importance:

7/4/34

Name of operation Yes. Date of 7/8/34

What test confirmed diagnosis? Autopsy & inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? homicide Date of injury 7/4/34, 19...

Where did injury occur? 533 W. Barre st. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home. 7/4/34

Manner of injury Homicide.

Nature of injury Stab wound of abdomen.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt, Coroner, M. D.

(Address) 1017 N. Charles st.

M. D. P. 1268-9

F 03201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03201

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred --yr.- 3mos.--dy. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melinda Gilliam.(C)

(a) Residence: No. 528 N. Mount St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Charlie J. Gilliam.(C)

6. DATE OF BIRTH (month, day, year) August 18, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Patrick Henry.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Rose M. Eder.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Charlie J. Gilliam.(C) husband.
(Address) 528 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL Geo. Johnson Cem.
Place ... Date 7-17- 1934

19. UNDERTAKER Rockwood Hahtrad
(Address) 952 Druid Hill Ave

20. FILED ..., 19... Registrar.

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.35 P. m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Accidental scalds of left arm and breast. Due to pan of scalding water

Toxaemia.

Other contributory causes of importance:

Name of operation No. Date of ...

What test confirmed diagnosis? Hospital Outcopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/2/34 19...

Where did injury occur? 3804 Woodland Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At work.

Manner of injury scalds.

Nature of injury Upsetting of pan of scalding water.

24. Was disease or injury in any way related to occupation of deceased? ...
If yes, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner
7/16/34 (Address) 1017 St. Charles St.

Spec.—9-30—A & Co—250 Bks

F 03202

Bruns

F 03202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 94-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2126 Hollins St. 20-01 ST. WARD)

2. FULL NAME Johanna Bruns

(a) RESIDENCE NO. 2126 Hollins St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ferdinand Bruns

6 DATE OF BIRTH (month, day, and year): October 22 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: August Funk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Schroder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August Bruns (Address): 2126 Hollins St.

15 Filed: 7-16-34 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/14/34

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to July 14, 1934

that I last saw her alive on July 14, 1934

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

, 19 (Address) 2020 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Cathedral Cemetery — DATE OF BURIAL: July 17 19 34

20 UNDERTAKER: George L. Arbaugh — ADDRESS: 2101 Eutaw Ave.

IMPORTANT. See instructions on back of certificates.

(33203)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03203

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Frederick Ave. St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora A. Eberwein

(a) Residence: No. 3033 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Eberwein

6. DATE OF BIRTH (month, day, year) April 5 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Robert H. Shoemaker

14. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Lemmer

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT George Eberwein (Address) 3033 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 17, 1934

19. UNDERTAKER Harry H. Thomas & Son (Address) 4204 Ridgewood Ave.

Finger Print, NOT

JUL 16 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934 to July 14, 1934

I last saw h[illegible] alive on July 14, 1934 Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis, acute

Date of onset

Other contributory causes of importance:

Cardiac decompensation

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 3321 [illegible]

M. & P. [illegible] F 03204 F 03204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 5 Stiegg

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Cook

(a) Residence: No. Magnolia Md St., Ward J.H.H - Union Memorial
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-15-37

7. AGE Years	Months	Days	If L.B. less than 1 day, hrs. or min.
			9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Magnolia, Md

FATHER

13. NAME Chas. Paul Cook

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Eliz. Robinson

16. BIRTHPLACE (city or town) (State or country) Magnolia, Md

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 16, 1937

19. UNDERTAKER Howard K. McCann
(Address) Abingdon, Md

20. FILED JUL 16 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11:45 AM 7-15, 1937 to 9:43 PM 7-15, 1937
I last saw him alive on 7-15, 1937 Death is said to have occurred on the date stated above, at 9:43 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7-15-37
Haemorrhagic disease	
R. Corner	

Other contributory causes of importance: Cyanosis

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Maurice S. Hecht M. D.
(Address) Union Memorial Hosp

M. D. B 1268-9

Lena Frank

03205 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03205

53

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Orleans St. St., 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Frank

(a) Residence: No. 1236 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Miller Frank

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Pete

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary John

16. BIRTHPLACE (city or town) (State or country) Brazil

17. INFORMANT Miller Frank
(Address) 1236 Orleans St

18. BURIAL, CREMATION OR REMOVAL ... Date 7-16-1934

19. UNDERTAKER ...
(Address) Esther ... Hollins St

FILED JUL 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 3 P. M. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tumor of the brain	?

Other contributory causes of importance:

Name of operation Trephining Date of June 23

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 6 Fonest Parkway

F 03206

F 03206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-81 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Woods

(a) Residence: No. 134 S Dallas St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married (C.L.)

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Barton Summerwell (C.L.) ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Robert Woods

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Liza Benby

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date July 16 1934

19. UNDERTAKER (Address)

JUL 16 1934 Herrington-Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933 to July 12 1934 That I saw h[illegible] alive on July 12 1934 Death is said to have occurred on the date stated above, at 11 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of thoracic aneurysm ?	Terminal
Coronary Occlusion ?	Prior

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Hazel, M. D.

(Address)

M. D. B. 1268-9

F 03207

F 03207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No.) 1512 Gilmor St., (Ward) 7th

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Saelmo White

(a) Residence: No. 106 W. York St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) age 65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Chantier
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 16th, 1934

19. UNDERTAKER
(Address)

JUL 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 14, 1934

I last saw him alive on July 14, 1934 Death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles T. Hopkins M. D.

(Address) 811 Harlem Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03208

F 03208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lawrence Hospital St. H-L Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Hayden

(a) Residence: No. 84 Kenwick N. Dundalk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		•	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrence Hospital

FATHER

13. NAME Louis Hayden

14. BIRTHPLACE (city or town) (State or country) Ellwood, Ind.

MOTHER

15. MAIDEN NAME Lillian Pierce

16. BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

17. INFORMANT Lillian Hayden
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date July 6 1934

19. UNDERTAKER
(Address)

JUL 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12-34 2 A.M. 19 .. to 7-12-34 3.50 P.M.

I last saw h... alive on ..., 19 .. Death is said to have occurred on the date stated above, at 3:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart and Prematurity	7-12-34

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis clinical Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. P. Thrown M.D.

(Address) Lawr. Hosp.

M. D. P. 1269-F 03209 F 03209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 13-01 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Wilson

(a) Residence: No. 2434 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula (Sep)

6. DATE OF BIRTH (month, day, year) March 22, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Joshua

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Paddy ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 16, 1934

19. UNDERTAKER
(Address)

20. FILED JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934 to July 14, 1934

Last saw him alive on July 14, 1934 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency &	?
myocardial failure	6 mo.
Hemiplegia & Paralysis	?
Coma	

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Nagel, M. D.

(Address) Balt City Hosp

JUL 16 1934

F 03210

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03210

CERTIFICATE OF DEATH

K 82-002

Registered No. 4501

1. PLACE OF DEATH Star Somerset, M.& M. Transportation Co.
CITY OF BALTIMORE: (No. Enroute Miami to Baltimore, 4. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
en route.

2. FULL NAME Herbert E. Herrin.

(a) Residence: No. Boston State Hospital, 400 Walkernill St. Mattapan, Mass. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (WIFE of) Nance Herrin.

6. DATE OF BIRTH (month, day, year) April 13, 1883

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	51	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta, Me.

FATHER

13. NAME Edward Herrin.

14. BIRTHPLACE (city or town) (State or country) Augusta, Me.

MOTHER

15. MAIDEN NAME Lois A. Spearing.

16. BIRTHPLACE (city or town) (State or country) La Grange, Me.

17. INFORMANT Nance Herrin. (wife)
(Address) 400 Walkernill St. Mattapan, Mass.

18. BURIAL, CREMATION, OR REMOVAL Via B.&O.R.R.
Place Boston, Mass. Date July 16, 1934

19. UNDERTAKER John G. Kenny
(Address) 715 Eutaw St.

Registrar's Signature for Williams

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.15 P. M.

The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral Embolism.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) Otto M. Reinhardt, M. D.
(Address) 1017 N. Charles St. Coroner

7/1-/34

M. D. B. 2568-a F 03211

F 03211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1160-002

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Fetus

(a) Residence: No. 831 Rawlings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Newborn

6. DATE OF BIRTH (month, day, year): July 14, 1934

7. AGE: Years | Months | Days: [illegible] | If LESS than 1 day, 15 hrs. or 15 min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER:
13. NAME: Clarence Jenkins
14. BIRTHPLACE (city or town) (State or country): Great Falls Md.

MOTHER:
15. MAIDEN NAME: Emma Roberts
16. BIRTHPLACE (city or town) (State or country): Great Falls Md.

17. INFORMANT: Emma Jenkins
(Address): 831 Rawlings St

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross Cem. 7/16, 1934

19. UNDERTAKER: Bernard C. Harlee
(Address): 1060 S. Paca St.

20. [illegible] Washington Blvd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934, to July 15, 1934

I last saw h[illegible] alive on July 15, 1934. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage

Date of onset

Other contributory causes of importance:

over

Name of operation: High forceps. Date of: July 14 34

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Savage M. D.

(Address) Univ. Hosp.

JUL 16 1934

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 03212

F 03212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens ave St. 20-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Joseph Kuhnle

(a) Residence: No. 1943 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~married~~

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. [illegible]

6. DATE OF BIRTH (month, day, year) Sept 24-1863

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	70	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Mechanic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Westernport Md

FATHER

13. NAME Mr Christopher Kuhnle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louise Kuhnle

(Address) 1943 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date July 17 34

19. UNDERTAKER Joseph H. Roth & Sons

(Address) 160 N. Monroe Ave

20. FILED [illegible] 19 [illegible]

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13 1934 to July 15 1934

I last saw him alive on July 15 1934 Death is said to have occurred on the date stated above, at 2 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Hypostatic Pneumonia	

Other contributory causes of importance:

Senile arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Lowe M. D.

(Address) 1312 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 03213 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03213

CERTIFICATE OF DEATH

106-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Glen Ave ST. 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James F. McDermot

(a) RESIDENCE NO. 3402 Glen Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
M	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F. McDermot.

6 DATE OF BIRTH (month, day, and year) Oct 11-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington

(State or country) Penna

PARENTS

10 NAME OF FATHER Wm McDermot.

11 BIRTHPLACE OF FATHER (city or town) Unknown.

(State or country)

12 MAIDEN NAME OF MOTHER Virginia Gillin

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Nicholas McDermot.

(Address) 3402 Glen Ave

15 Filed JUL 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1934

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to July 15, 1934, that I last saw him alive on July 15th 1934 and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Prostatectomy, Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles L Mills, M. D.

, 19 (Address) 5216 Park Hgts Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Ridge Cemetery	July 18th 1934

20 UNDERTAKER Putnam & Cole ADDRESS 2211 Pennsylvania Ave

F 03214

M. D. B-1268-9

F 03214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-81 157-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Morgan

(a) Residence: No. Aberdeen, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8. 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Charles Custis Morgan
14. BIRTHPLACE (city or town) (State or country) Aberdeen, Md.

MOTHER
15. MAIDEN NAME Dorothy Ford
16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mother
(Address) Aberdeen, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bakers Cem Date 7/12/34 19

19. UNDERTAKER Henry Harvey & Sons
(Address) Aberdeen Md

20. FILED 19 Registrar

JUL 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934 to July 16, 1934
I last saw h. alive on July 16 19 34 Death is said to have occurred on the date stated above, at 4-2 a. m.

The principal cause of death and related causes of importance were as follows:

(a) Prematurity—
Congenital deformities—
Congenital heart and
Congenital oesophageal
atresia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Breanne Sterling M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1908-M F 03215

F 03215

285285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 72-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-A (Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Brown

(a) Residence: No. Aberdeen md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/11/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none, 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Louis Brown

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Heath.

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Union M-E Cemy Date July 17 1934

19. UNDERTAKER Henry J. Tawney & Sons (Address) Aberdeen Md

Attending Physician

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from May-9- . 1934 to July-15 . 1934

I last saw him alive on July-15- . 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Lymphoid leucemia, chronic — Date of onset 1932
Bronchopneumonia, bilateral — July 14th 34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard Trance M. D.

(Address) H&H Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1205-9

F 03216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03216

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Chelsea Terrace St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Dean Breyer

(a) Residence: No. 1712 Braddish Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman F. Breyer

6. DATE OF BIRTH (month, day, year) April 19, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George A. Weller

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret E. Crowmer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mr. Norman F. Breyer 1712 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Union, Carroll Co. Md. Date July 17/34

19. UNDERTAKER (Address) 4101 Edmondson Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 . 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19 . 1934 to July 14 . 1934

I last saw her alive on July 14 . 1934 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Embolism	July 12 '34

Other contributory causes of importance:

Chronic hypertrophic & Arteriolar Sclerosis of Mitral Valves of Heart

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harry Solomon M. D.

(Address) 1929 W. North Ave

OBSERVATION IS VERY Important. See instructions on back of certificate.

L 10 1934 Attending Physician

M. D. B. (Rev.)

F 03217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03217

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 24-61

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Winston

(a) Residence: No. 255 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie (dead)

6. DATE OF BIRTH (month, day, year) March 24 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	76	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coachman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (23)

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Record Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Date 7-17 34

Place Laurel Cmty

19. UNDERTAKER (Address) Geo. W. A. Gibson 1736 Druid Hill Ave

Filed 7-17-34 Washington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934 to July 14, 1934 Death is said that I saw h[illegible] alive on July 14, 1934 at 12:40 p m. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) J. D. Chagnet M. D.

(Address) Balt. City Hosp

M. D. B. 1738-9

F 03218

F 03218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Rampello

(a) Residence: No. 605 Asquith St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Rampello

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60(?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/17/34 19

19. UNDERTAKER Peter Riedford

(Address) 614 E. Lombard St.

20. Filed 19 Registrar

JUL 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934 to July 15, 1934

I last saw her alive on July 15, 1934 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
B. welchii septicemia	
Gangrene of left foot	
Diabetes mellitus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

03219

HEALTH DEPARTMENT—CITY OF BALTIMORE

03219

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N Broadway 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ephraim Price Grace

(a) Residence: No. 1315 N Broadway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Mary M Grace

6. DATE OF BIRTH (month, day, year) Oct. 13-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md

FATHER

13. NAME Ephraim P Grace

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary M Grace

(Address) 1315 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 7/17/34

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 Huntington Pittsburgh

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-10 . 1934 to 7-15 . 1934

I last saw him alive on 7-15 . 19 34 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int Nephritis	4/10/
Myocardial degeneration	4/11/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No Date of injury . 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dania Miller M. D.

(Address) 1500 N Eutaw

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

03220 HEALTH DEPARTMENT—CITY OF BALTIMORE 03220

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 East Monston St., 27-01 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard E Russmall Sr

(a) Residence: No. 901 East Monston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed or divorced — HUSBAND of (or) WIFE of: Katherine E. Russmall
7. DATE OF BIRTH (month, day, year): Feb 10
8. AGE — Years: 67; Months: 5; Days: 4; If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month, year): July 1934
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: William Russmall
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Margaret Hentzel
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Katherine E Russmall 901 East Monston

18. BURIAL, CREMATION, OR REMOVAL — Place: London Park Date: July 18, 1934

19. UNDERTAKER: William Cook (Address): 1217 St Paul Street

FILED JUL 17 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from over five years to July 14, 1934. I last saw him alive on July 14, 1934. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Stomach	one
Carcinoma Cardiac End	2 yr.

Other contributory causes of importance:

Name of operation: t. Date of:

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Hoerr, M. D.

(Address) 5600 York Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

03221 HEALTH DEPARTMENT—CITY OF BALTIMORE 3221

CERTIFICATE OF DEATH

93-003
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2130 N. Calvert St. 12-01 Ward)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C Gemmill
(a) Residence: No. 2130 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of Fred B Gemmill

6. DATE OF BIRTH (month, day, year) May 31-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER
13. NAME Dr Laurence M Ricaud
14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER
15. MAIDEN NAME Annie E Milby
16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Mary G Owens
(Address) 3011 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Kent Co Md 7/18, 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Huntington Registrar.

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/34 am

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to July 15 1934
I last saw her alive on 13th June 1934 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Other contributory causes of importance: bronchopneumonia	July 3, 1934

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Eugene Covington M. D.
(Address) 2341 Edmondson Ave

INSTRUCTION is very important. See instructions on back of certificate.

M. D. B. 1268-9

03222 HEALTH DEPARTMENT—CITY OF BALTIMORE 03222

CERTIFICATE OF DEATH

92-001
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3147 Frederick Ave (Ward) 20-01

a. Length of residence in city or town where death occurred. Life b. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Edgar Wilson

(a) Residence: No. 3147 Frederick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Sophy A Wilson

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Asst.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Elec.

10. Date deceased last worked at this occupation (month and year) 7 yrs ago

11. Total time (years) spent in this occupation 005

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis A Wilson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Janey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sophy A Wilson
(Address) 3147 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Cork Cremation Date 7/18/34

19. UNDERTAKER Wm Cork
(Address) 1217 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/34

22. I HEREBY CERTIFY, That I attended deceased from June 12 1934 to July 16 1934

I last saw him alive on July 13 1934. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	8 mos

Other contributory causes of importance:

Arterio Sclerosis & Mental Symptoms	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. C. Smith M. D.

(Address) 508 Eutaw Pl

M. D. P. 1268-9

✓ F 03223

03223

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Berger

(a) Residence: No. 1135 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) April 4, (?) 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solderer 056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Rudolph

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 7/18 '34

19. UNDERTAKER J. R. Cole
(Address) 1217 E. Fort Ave

20. FILED JUL 17 1934 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to July 15, 1934

I last saw him alive on 7-15, 1934 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2 days
Other contributory causes of importance:	
Pulmonary Tuberculosis	Apr. 1933

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Balto. City Hospitals

F 03224

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03224

CERTIFICATE OF DEATH

87-002

Registered No. 70-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 70 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Harrod

(a) Residence: No. 3214 Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) Nov. 29, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry Baumann

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Helen Kiesen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wm Harrod
(Address) 3214 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date 7/19/34

19. UNDERTAKER Wm Burke
(Address) 1217 E Fort Ave

JUL 17 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934 to July 16, 1934

I last saw h[illegible] alive on July 16, 1934 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magruder, M. D.

(Address) Balt. City Hosp.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 03225

03225 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Buchheimer

(a) Residence: No. 2022 Clifton Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William Buchheimer

6. DATE OF BIRTH (month, day, year) May 22, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Miller

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Maggie Schlitzer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Husband / Wm Buchheimer
(Address) 2022 Clifton Av

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 7-18- 1934

19. UNDERTAKER Dent & Easton
(Address) 916 Eutaw

Filed 7-18-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15th 1934 to July 16th 1934

I last saw her alive on July 16th 1934. Death is said to have occurred on the date stated above, at 1:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	
Other contributory causes of importance: Perforation of sigmoid with peritonitis	7-14-34

Name of operation Laparotomy Date of 7-15-34

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel R Robinson M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

S 3

03226 1268-B

F 03226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No.) St., 14-21 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Bass

(a) Residence: No. Clinton Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Bass

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mr. Walker (Address) Odenton Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hembells Cem. Date July 17 34

19. UNDERTAKER Daniel Easton (Address) 916 Pa ave.

FILED July 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934 to July 15, 1934

I last saw h alive on July 15, 1934 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Retention	
Cholecystitis	Long

Other contributory causes of importance:

Prostatic hypertrophy

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1934

M. D. B. 1268-9

F 03227 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03227

CERTIFICATE OF DEATH

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Reynolds St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Paul

(a) Residence: No. 1426 Reynolds St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zulla Md

FATHER

13. NAME Bert Paul

14. BIRTHPLACE (city or town) (State or country) Zulla Md

MOTHER

15. MAIDEN NAME Mary Earles

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Mrs Mary Paul

(Address) 1426 Reynolds St

18. BURIAL, CREMATION, OR REMOVAL Harwood

Place Holy Cross Date July 17 19 5

19. UNDERTAKER Chas. L. Ellers

(Address) 1501 Harlem Ave. Baltimore, Md.

20. FILED ... 19 ... Huntingtown Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14 1934, 19 ... to July 12 1934, 19 ... I last saw him alive on July 12 1934, 5 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset July 10 1934

Other contributory causes of importance:

Thrombosis 3 mos.

Name of operation ... Date of ...

What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry B. Holland M. D.

(Address) 1 W. Hoyer Baltimore

F 03228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. So. Balto. Gen'l. Hosp. St., (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Griffin Fauntleroy
(a) Residence: No. 1022 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Mary Fauntleroy

6. DATE OF BIRTH (month, day, year) — 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy Lotmen
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER
13. NAME Robt. Fauntleroy
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Julia Mason
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Fauntleroy
(Address) 1022 E. Madison

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Calvary Date July 18 1934

19. UNDERTAKER Jno. R. A. Elbert & Son
(Address) 1129 N. Caroline

Huntington Williams, N.Y.

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to July 15, 1934. I last saw him alive on July 15, 1934. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Cerebral hemorrhage	7/5/34

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. M. C. Cumming M. D.
(Address) So. Balto. Gen'l. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

(03229) HEALTH DEPARTMENT—CITY OF BALTIMORE (03229)

CERTIFICATE OF DEATH

Registered No. 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian F. Rankine

(a) Residence: No. 1043 N. G[illegible] Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick H. Rankine

6. DATE OF BIRTH (month, day, year) Jan. 29, 1886.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME August Steinberg

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna May Allen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Frederick H. Rankine 1531 N. Eden Street.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem. Date July 18, 19[illegible]

19. UNDERTAKER George J. Ruth Inc (Address) 1135 Harford Ave

[illegible] 19 [illegible] Registrar.

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible]. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage (Subdural)	
Other contributory causes of importance: Accidental fall while climbing thru widdow of residebce	7/11/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/11/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury as stated above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. St Callin M. D. Coroner

(Address) 508 E Fort Ave

M. D. B. 1268-9

3230 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 3230

CERTIFICATE OF DEATH

94-002
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1045 Greenmount Avenue St., 10-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 65 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Vaubel
(a) Residence: No. 1045 Greenmount Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Switzer Vaubel

6. DATE OF BIRTH (month, day, year) Nov. 8, 1848.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe-maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME John Vaubel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME (Unknown)
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Vaubel (Wife)
(Address) 1045 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 17, 1934
Interred Junker

19. UNDERTAKER George L. Ruth Sons
(Address) 1730 Harford Ave

Filed 19 Registrar

JUL 17 1934 Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7 1934 to July 14 1934
I last saw him alive on July 14 1934 Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 14

Other contributory causes of importance:
Pulmonary Oedema
Arteriosclerosis

Name of operation Exploratory Date of
What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. E. Krauss M. D.
(Address) 1201 N. Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

13231 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03231

CERTIFICATE OF DEATH

117-001
Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 70-91 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Eckenroth

(a) Residence: No. 532 N Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Eckenroth

6. DATE OF BIRTH (month, day, year) Feb 15 1888.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	46	5	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Reading Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Georgia Corcoran
(Address) 532 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 17 1934

19. UNDERTAKER Charles D. Schuyler
(Address) 505 N. Monroe St.

20. FILED JUL 17 1934 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h— alive on ... 19... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis — Date of onset

Other contributory causes of importance: Perforation of Stomach

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. P. Herzog M.D. M. D.
Coroner
(Address) 1304 N. Patterson Park Ave

M. D. H. 1929-0

03232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03232

CERTIFICATE OF DEATH

10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 10-0 Ward)

Length of residence in city or town where death occurred 1 yr. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Sebra

(a) Residence: No. 933 E. Eager St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Feb 18 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Evelyn Sebra

FATHER

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Mulcahy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mother 933 E Eager St

18. BURIAL, CREMATION, OR REMOVAL Plan Sepulture Date July 17 1934

19. UNDERTAKER (Address) Edward W. Coppuck 924 E. Eager St

12. FILED JUL 17 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6 1934 to July 15 1934

I last saw him alive on July 15 1934 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	July 6 34
Heart Failure	July 15 34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Levinson M. D.

(Address) Sydenham Hospital

V S 3 OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AaCo. 5-31 250B

B 03233 HEALTH DEPARTMENT—CITY OF BALTIMORE B 03233

CERTIFICATE OF DEATH

93-001

Registered No. 98-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 823 Edmondson Ave. St., 18 Ward)

Length of residence in city or town where death occurred 35 yrs. ? mos. ?, ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Colton

(a) Residence: No. 823 Edmondson Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis Colton

6. DATE OF BIRTH (month, day, year) Jan 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cooke Co. N.C

FATHER

13. NAME "Dont Know"

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Wagner

(Address) 823 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 17, 1934

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

JUL 17 1934

(Date Rec'd.) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to July 14, 1934

I last saw h[illegible] alive on July 14, 1934 death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	June 10 34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E J McKee M. D.

(Address) 1126 E Fairmount Ave

OCCUPATION is very important. See instructions on back of certificate.

F 03234

28182 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03234

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 17-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Stokes

(a) Residence: No. 300 W. 28th St. St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME William Stokes

14. BIRTHPLACE (city or town) (State or country) Va.

FATHER

15. MAIDEN NAME Lily Wynn.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Blackstone Date 7/17 1934

19. UNDERTAKER Bernard P. Hemsley (Address) 818 Druid Park Drive

Huntington Williams, Md.

20. FILED JUL 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-16 1934

22. I HEREBY CERTIFY, That I attended deceased from July-13 1934 to July-16 1934

I last saw him alive on July 16- 1934. Death is said to have occurred on the date stated above, at 5.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	July 13
Pneumococcus meningitis	July 15

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Woodbridge E. Elkins M. D.

(Address) J.H.H.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

F 03235

F 03235 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N Calhoun St., 14-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E. Garrigan

(a) Residence: No. 14 N Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Garrigan

6. DATE OF BIRTH (month, day, year) Nov 1 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Archibald Patterson

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Virginia Pickett

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Archie Patterson
(Address) Wash D C

18. BURIAL, CREMATION, OR REMOVAL
Place York Pa Date July 19 1934

19. UNDERTAKER Geo A Farley
(Address) Fulton Ave Lafayette

FEB 19 Registrar

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934, to July 15, 1934. I last saw her alive on July 15, 1934. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	3 hrs.
Other contributory causes of importance:	
Bal Depsia	6 days.
Pneumonia	2 days.

Name of operation ——— Date of ———

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——— 19 ———

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? ———
If so, specify ———

(Signed) C. E. Calar M. D.

(Address) 4 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

03236 ✓F 03236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave 2501 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence E. Meyer

(a) Residence: No. Pasadena, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John D. Meyer

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Margaret Giles

16. BIRTHPLACE (city or town) (State or country) Dorsey Md.

17. INFORMANT John Meyer
(Address) Pasadena Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date July 17, 1934

19. UNDERTAKER Fred H. Cramer & Son
(Address) 103-105 S. Hanover St.

Filed ... 19... Registrar.

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934 to July 15, 1934
I last saw her alive on July 15, 1934 Death is said to have occurred on the date stated above, at 1 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidney with metastasis	
Marasmus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Leigh Frato M. D.

(Address) 1412 E Fayette St

OCCUPATION is very important. See instructions on back of certificate.

U S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03237

F 03237

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH Levindale

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 27-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME Jennie Levy

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 4-30-1882

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	52	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Joseph Blum

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Friedlaender

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL. Date 7-17 1934

Sinai Woodlawn

19. UNDERTAKER Isaac Sons & Bro

(Address) 1439 E. Baltimore St

JUL 17 1934 19 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1933 to 7-16 1934

I last saw her alive on 7-16 1934 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Chr. Valvular heart disease
Diabetes Mellitus
Arterio-sclerosis

Date of onset 7-13-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wedmund Levin M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03238 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03238

X V 172-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elliott Coleman

(a) Residence: No. 9 Palomar Ave St., Annapolis Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 22 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Coleman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Levet

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 7-17 1934

19. UNDERTAKER Jack Levin Son
(Address) 1439 E Baltimore St

20. FILED Huntington Williams M.D. Registrar.

JL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to July 16, 1934

I last saw him alive on July 16, 1934 Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Other contributory causes of importance:	

Name of operation Laparotomy Release of Volvulus Date of 7/16/34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Coleman M. D.
(Address) West Balto. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03239

F M 03239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Edwin P. (Maria Lewis) Woolfolk.

(a) Residence: No. 3907 Hadley Sq. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin P. Woolfolk

6. DATE OF BIRTH (month, day, year) June 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~Ete~~	78	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ~~Fincastle~~, Va Fincastle, Va

FATHER

13. NAME Capt. J. M. Figgat

14. BIRTHPLACE (city or town) (State or country) Fincastle, Va

MOTHER

15. MAIDEN NAME Susan Finney

16. BIRTHPLACE (city or town) (State or country) Fincastle, Va.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Richmond Va Date July 18 1934

19. UNDERTAKER Wm. J. Tidball & Sons

(Address) Hath & Pa Ave.

19a. Filed JUL 17 1934 19..... Huntington Railway Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-14-34 . 19 . to 7-16-34 . 19

I last saw her alive on 7-16-34 . 19 . Death is said to have occurred on the date stated above, at 10 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	?
Cardiac decompensation	
Hypertension.	
Arteriosclerosis	
Hypertensive Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 7-15-34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert W. Garis . M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 03240

F 03240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 352 N. Biddle St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Robert Crumwell

(a) Residence: No. 352 N. Biddle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 2, 32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
1 yrs	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Robert Crumwell

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Mary Savoy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Chas. Crumwell

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 17, 1934

19. UNDERTAKER U. G. Brooks

(Address) 1423 N. Carey St

JUL 17 1934 Huntington Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 16th, 1934

Last saw h alive on July 16, 1934 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	7-16-34

Other contributory causes of importance:

Name of operation Removal of object Date of 7-16

What test confirmed diagnosis? visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ~~homicide~~? Accident Date of injury 7-16, 1934

Where did injury occur? 352 N. Biddle St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Coming out lodging room Nature of injury Throat

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Paul Yost M. D.

(Address) 214 N. Biddle St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

03241 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03241

V 87-001

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2302 E Chase St 8-01 ST WARD)

REGISTERED No 8-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rhoda A. Herbert

(a) RESIDENCE No 2302 E. Chase ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh	Widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Herbert

6 DATE OF BIRTH (month, day, and year) Dec 1, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Cooksey

11 BIRTHPLACE OF FATHER (city or town) and
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mrs. Mary Jones
(Address) 2302 E. Chase St.

15 Filed 17 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15-1934

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1934, to July 15, 1934

that I last saw h-e alive on July 15, 1934

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Lobular Pneumonia
Acute Nephritis Hypertension

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos. F. A. Strong M. D.

7/16, 1934 (Address) 2878 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 18, 1934

20 UNDERTAKER John A. Kuhn — ADDRESS 3000 E. Balto St

(CAUTION is very important. See instructions on back of certificate.)

M. D. F. 1268-

F 03242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03242

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Fino

(a) Residence: No. 418 Pembine Rd St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Concetta Fino

6. DATE OF BIRTH (month, day, year) June 22, 899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year) June, 1934

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME John Fino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Tatto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date July 18, 1934

19. UNDERTAKER C. V. Sammons

(Address) 641 Carrollsburg Ave

20. FILED JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-13-34, 1934, to 7-15, 1934

I last saw h/xx alive on 7-15, 1934 Death is said to have occurred on the date stated above, at 2 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess (Post Operative)	
Other contributory causes of importance:	
None	

Name of operation Tonsillectomy Date of 6-13-34

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bullenwell, M.D. M. D.

(Address) Mercy Hospital Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of

F 03243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03243

V 23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Church Home + Infirmary St. 570 Ward)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Mordecai

(a) RESIDENCE No. 1107 Hilleu Street St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~Wife~~ Emma Bell

6 DATE OF BIRTH (month, day, and year) May 21st 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Henry F. Mordecai

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Sarah A. Donovan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant Mrs. M. Hall (Address)

15 Filed JUL 17 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16/34

17 I HEREBY CERTIFY, That I attended deceased from July 11 19 34 to July 16 19 34

That I last saw h— alive on July 16 19 34

and that death occurred, on the date stated above, at 8 55 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (miliary)

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray + sputum exam.

(Signed) [illegible] M. D.

2/16 19 34 (Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 7/19 19 34

20 UNDERTAKER E. J. Fanning & Son — 1938 E. Lafayette Ave — ADDRESS

PENALTY OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

F 03244

HEALTH DEPARTMENT—CITY OF BALTIMORE

03244 ✓ 53

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Catherine Calvert St., 71 Ward)

Length of residence in city or town where death occurred 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora F. Forney Shryock

(a) Residence: No. 4944 Pimmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Shryock

6. DATE OF BIRTH (month, day, year) Apl 5 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME Richard F. Shryock

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret D. Forney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Shryock - Wife

(Address) 4944 Pimmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date July 18, 1934

19. UNDERTAKER John D. Mitchell Funeral Dirs.

(Address) 1900 Eutaw Place

19 Huntington W. Va. Registered

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-1934

22. I HEREBY CERTIFY, That I attended deceased from July 3 1934 to July 16 1934

I last saw him alive on July 16 1934. Death is said to have occurred on the date stated above, at 8 45 a. m.

The principal cause of death and related causes of importance were as follows:

Chondro-Sarcoma Sternum involvement of pericardium — Date of onset 1914

Other contributory causes of importance:

Perforation of diaphragm by tumor & gangrene of small intestine

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Clarence Cohn M. D.

(Address) 3501 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

03245

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03245

CERTIFICATE OF DEATH

V. 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown Stephen Mueller

(a) Residence: No. Unknown St., 708 Hendyon, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 17, 1934

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
accidental	

Other contributory causes of importance:

Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 7/11, 1934

Where did injury occur? 1125 W Franklin

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on Pavement

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify No

(Signed) H. F. Herzog M.D. M. D.

Coroner

(Address) 1305 Fallsway

OCCUPATION is very important. See instructions on back of certificate.

M. F 03246 F 03246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV13-002

287011

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 E 1 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Hennessey.

(a) Residence: No. Hammonda Road St., ... Ward. Brooklyn Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21 2 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank Hennessey.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucille ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Jo's Med College Date July 17 1934

19. UNDERTAKER (Address) [illegible]

20. FILED JUL 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-5 1934

22. I HEREBY CERTIFY, That I attended deceased from June-21 1934 to July-5- 1934

I last saw her alive on July-5- 1934 Death is said to have occurred on the date stated above, at 1115 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Dysentery (disp.)	15 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Washington M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 03247

285975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03247

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Atkins

(a) Residence: No. 1313 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	22+57	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Mary Atkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date July 7, 1934

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934 to July 3, 1934

I last saw h[illegible] alive on July 3, 1934 Death is said to have occurred on the date stated above, at 2 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart: Absence of ventricle & mitral valve, Patent ductus venosus, coarctation of aorta	Birth 5/11/34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Woodbridge E. Atkins M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1304-9 03248 G F 03248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General 3-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME Ludovico Spiritto

(a) Residence: No. 709 Fawn St., Ward Jersey City, N.J.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of Mrs Rosario Spiritto
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11th 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	1 mo		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salerno Italy

FATHER

13. NAME Angelo Spiritto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Tommy Nicolina

16. BIRTHPLACE (city or town) (State or country) Salerno Italy

17. INFORMANT Wife

(Address) 709 Fawn St. Jersey City N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Jersey City N.J. Date July 19. 1934

19. UNDERTAKER John C. Mitchell Funeral Director

(Address) 1900 Eutaw Place

20. FILED 27th Hunter William Asst. Registrar

Dr. Louis Spiritto (Brother)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1934

I HEREBY CERTIFY, That I attended deceased from July 2nd 1934 to July 16 1934

that I saw him alive on July 16th 1934 Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of Palm of Left Hand & Amputation of 5th & 2nd Phalanges	6-28-34
Other contributory causes of importance: Bilateral Bronchio-Pneumonia	7-4-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. E. Pogle, M. D.

(Address) 3rd Gen Hosp

V-8-3 OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-33—L. E. S.—100 Bks.

F 03249

F 03249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Blythewood Rd & Charles St. Ave ST. 7-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bettie Markland Jackson

(a) RESIDENCE NO. Blythewood Rd & Charles St. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Jackson

6 DATE OF BIRTH (month, day, and year) Oct. 3 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James H. Markland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Elizabeth Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Paul Burnett

(Address) Blythewood Rd & Charles St. Ave

15 Filed JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16/34

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to July 16, 1934

that I last saw h[illegible] alive on July 16, 1934

and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chr. Sup. Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) T. H. Wessinger, M. D.

July 19 1934 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL July 19 1934

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison

OF DEATH in plain terms, so that it may be properly classified. Data must be important. See instructions on back of certificates.

M. D. of H. F 03250

F 03250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Reid

(a) Residence: No. 1170 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va ?

17. INFORMANT Reads (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date July 9th 1934

19. UNDERTAKER Ada Snowden (Address) 1129 Gardenia St.

Huntington Williams Hall Registrar.

JUL 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6 1934 to July 15 1934

I last saw him alive on July 15 1934 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9 days
Lobar pneumonia	2 days

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagin M. D.

(Address) Balt. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-1

03251

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03251

CERTIFICATE OF DEATH

119 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Cumberland St. 15-W Ward)

Length of residence in city or town where death occurred 9 mo. 17 ds. If not in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Juanita E Morton

(a) Residence: No. 612 Cumberland St. Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female 4. Color or Race: Col 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jas Morton

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Lurlicia Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lurlicia Morton

(Address) 612 Cumberland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/18, 1934

19. UNDERTAKER Saml. H. Chase & Co

(Address) 638 N. Gilmor

20. FILED 7/18/34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	
	4 Days

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis ..... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Blair Brooke Coroner M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B 1268-9

3252 E 03252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. High St. St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Harvey.

(a) Residence: No. 219 N. High St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) May 14 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Harvey.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Jane Logue.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Margaret A. Harvey. (sister)
(Address) 611 E. Fiddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loy Cathedral Date 7/18 1934

19. UNDERTAKER Wm Cook
(Address) 1217 E. Coul St

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, (when?) ...

(Signed) Otto M. Reinhardt M. D.
Coroner

(Address) 1017 E. Charles st.

6/16/34

JUL 17 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F.D. No. 2253

F 03253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Hattie Bell

(a) Residence: No. 3026 Gamson Boulevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME John S. Bell

14. BIRTHPLACE (city or town) (State or country) Ridgely, Md.

FATHER

15. MAIDEN NAME Sarah J. Fleury

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/19, 1934

19. UNDERTAKER Wilson & York
(Address) 1217 E. Fayette St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to July 16, 1934

I last saw her alive on July 16, 1934 Death is said to have occurred on the date stated above, at 5-35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hernia~~	
Chronic nephritis	July 5, 1934 (Prob.) June 1, 1927

Other contributory causes of importance: Acute Cardiac decompensation

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H E Crooks M. D.

(Address) Md. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S. 3

M. D. B. 1268-9

F 03254

F 03254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 33rd & Calvert Sts 9th-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. D.

2. FULL NAME Patricia McCreary

(a) Residence: No. 3004 Frisby St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
9	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. old

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME George McCreary

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Elda Gilpatrick

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Parents

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date July 18 1934

19. UNDERTAKER Wm J. Tuckner & Son

(Address) Walbrook Pa

20. FILED JUL 18 1934 19 [illegible] Registrar.

[illegible], N. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 45 am 7/16/34 19 to 6 00 pm 7/16/34 19

I last saw h[illegible] alive on 7/16/34 6 pm 19 Death is said to have occurred on the date stated above, at 6 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	7/11/34
Coroner J. J. Mossberger	
Other contributory causes of importance: Pneumonia	7/15/34
Rheumatic endocarditis (several months)	other ?

Name of operation none Date of —

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Manuel S. Hecht M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. F. 1268-9

E 03255

HEALTH DEPARTMENT—CITY OF BALTIMORE

03255

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 W. Baltimore St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Nelson

(a) Residence: No. 1002 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin F. Nelson

6. DATE OF BIRTH (month, day, year) Apr. 9, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John P. Hagner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Julia Sears

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT Mrs. Julia Tyler

(Address) 660 Portland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 18, 34

19. UNDERTAKER Wm J Tuckner & Son

(Address) Road & Calvert

Huntington Ave

20. FILED JUL 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/13/34, 1934, to 7/16/34, 19

I last saw h[illegible] alive on 7/15/34, 19 Death is said to have occurred on the date stated above, at 3.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	[illegible]
Other contributory causes of importance: Cerebral Apoplexy	7/14/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Terry, M. D.

(Address) 910 W. Lombard

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03256

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No. 117-062

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. — mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Landridge Alexander Anderson.

(a) Residence: No. 202 Wyman Park St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maude Brown Anderson

6. DATE OF BIRTH (month, day, year) Jan 6, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Colonel U.S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington, Va.

FATHER

13. NAME William A. Anderson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary L. Blair

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Union Memorial Hospital (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL. Place Arlington Cemetery Date July 18 1934

19. UNDERTAKER Wm. Tackney & Sons (Address) 1st & E. Capitol Sts.

Huntington Williams, Registrar.

JUL 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24 . 1934 to July 16 . 1934

I last saw h[illegible] alive on July 16 . 1934 Death is said to have occurred on the date stated above, at 1020 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia - bilateral — Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis

Duodenal Ulcer

Name of operation Bilateral Mastoidectomy Date of 7-13-34

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

03257

F 03257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1934

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Linwood St., 6th Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dorothy Norman

(a) Residence: No. 419 N. Linwood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Emanuel Norman

6. DATE OF BIRTH (month, day, year) Oct 16 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business, in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Schaff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helen Galloway

(Address) 419 N. Linwood

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/18/34

19. UNDERTAKER Harry A. Luippold

(Address) 4101 Edmondson Ave

JUL 19 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934 to July 15, 1934 and saw h 4 alive on July 16, 1934. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured cyst.	about
of R Ovary	Jan
Renal Nephritis	1934

Other contributory causes of importance:

Senile age.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Meyer M. D.

(Address) 1800 E. 33rd St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 03258

M. D. B 1268-9

03258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1900 Eastern ave St., 2-01 (Ward)

Length of residence in city or town where death occurred 54 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME William Schuller

(a) Residence: No. 1900 Eastern ave St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 1879

7. AGE: Years 55; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 50
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: William Schuller
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Mary Arent
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Lena Young 2 E Fredericks ave

18. BURIAL, CREMATION, OR REMOVAL: Place Western Cemetery Date July 19 34

19. UNDERTAKER (Address): Lilly & Zeller Inc 463 S Fremont Ave

FILED JUL 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1933 to July 17 1934

I last saw h alive on July 17 1934 Death is said to have occurred on the date stated above, at 6 a m

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Coronary Occlusion

Date of onset 1933

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herman J Gerwig M. D.

(Address) 1900 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

03259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03259

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2337 McElderry St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward F. Stout

(a) Residence: No. 2337 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. North Eastern Coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George F. Stout

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha B. Bode

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha B. Stout
(Address) 2337 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 20, 1934

19. UNDERTAKER Mrs. E. J. Miller & Son
(Address) 2334 Gilmor St.

20. FILED JUL 16 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 - 1934 to July 17, 1934

I last saw he alive on July 17, 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1934
Tuberculous Laryngitis	
Acute Dilatation	

Other contributory causes of importance:

Myocardial Insufficiency	July 16 34
Pulmonary Edema	

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) + Wm. G. Leyer, M. D.

(Address) 156 N. Walton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 03260

F 03260 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3810 Southern Ave St. 27-01 Ward)
Length of residence in city or town where death occurred 55 yrs. 2 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theresa Jane White
(a) Residence: No. 3810 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND (or) WIFE of: Oscar W White
6. DATE OF BIRTH (month, day, year): May 24 1849
7. AGE: Years 85 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Wm Butler
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Martha Steele
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Geo A Judge
(Address) 3810 Southern Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/18/1934
19. UNDERTAKER: F. D. Waldner & Son
(Address) 1500 E. Baltimore St.

JUL 18 1934

Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15 1934
22. I HEREBY CERTIFY, That I attended deceased from June 26 1934 to July 15 1934
I last saw her alive on July 3 1934 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/15/34
Arteriosclerosis	1932
Chronic Nephritis	1932

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. F. Hawkins M. D.
(Address) 1 E Fayette St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03261

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 801 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 40 yrs. ... mos. ... ds.

2. FULL NAME Anton Runge

(a) Residence: No. 2208 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Anton Runge

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Josephine Zoubek

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Anna Runge, 2208 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 19 1934

19. UNDERTAKER (Address): Frank Crockett Son, 1906 Eastern Ave

FILED JUL 18 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fractured Skull	

Other contributory causes of importance:

Alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury July 16

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home. Fell down stairs 2nd to 1st floor

Manner of injury: ...

Nature of injury: ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: ...

(Signed) J. H. Queen M. D. Coroner

(Address) 508 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03262

F 03262

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Scott

(a) Residence: No. 1745 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 16/1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	28	3	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co., Va

FATHER

13. NAME Samuel Harris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Scott

16. BIRTHPLACE (city or town) (State or country) Gloucester Co., Va

17. INFORMANT Maggie Scott
(Address) 1745 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date July 18, 1934

19. UNDERTAKER Robt F Williams
(Address) 15 15th St Huntington Williams, N.Y.

FILED JUL 18 1934, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

Lobular Pneumonia (Lower Rt) — Date of onset
Gangrenous Cavity

Other contributory causes of importance:

Encapsulated abcess rt broad Ligament Va

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. M. Boyer, M. D. Coroner

(Address) Fire House

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should use

M. D. B 1268-9

F 03263 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03263

CERTIFICATE OF DEATH

91-001 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Mc Knight

(a) Residence: No. 1024 Lamont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alfred Austin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Staples

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Rec'd. JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Blackstone Va Date July 18, 1934

19. UNDERTAKER Robert F Williams
(Address) 1515 McElderry St

JUL 18 1934, 19 ... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June-29, 1934 to July 14, 1934

I last saw her alive on July-14, 1934. Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis (strept. viridans); involvement of aortic valve (? bicuspid) + ? involvement of aortic cusp of mitral valve.
Pulmonary Infarcts

Date of onset 6/24/34

Other contributory causes of importance:
None

Name of operation ... Date of ...

What test confirmed diagnosis Cultures Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Richard Pearce, M. D.

(Address) ~~Union Memorial Hosp~~ Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 03264

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03264

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. James Apartments,

CITY OF BALTIMORE: (No. Charles & Center St. St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabelle Shackleford.

(a) Residence: No. St. James Apartments. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) February --- 1854

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	80	5	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

FATHER

13. NAME Lyon Shackleford.

14. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

MOTHER

15. MAIDEN NAME Juliet Sanders.

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

17. INFORMANT Margaret S. Walker. (niece)

(Address) Warsaw, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Warsaw Va. Date 7/18/ 193

19. UNDERTAKER Stewart & Mowbray Co

(Address) 108 W. Northumberland Fredericksburg Va.

20. FILED JUL 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast.	
Arteric sclerosis.	

Other contributory causes of importance:

Name of operation Yes Date of ?

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Otto M. Reinhardt M. D.
Coroner

7/18/34 (Address) 1017 E. Charles St.

V 56

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. F. 1268-9

F 03265

F 03265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., or Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Simpson

(a) Residence: No. 2507 Madison St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice (Dead)

6. DATE OF BIRTH (month, day, year) Aug. 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Dyett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION OR REMOVAL
Place Laurel Lem Date 7/19/ 19 34

19. UNDERTAKER Frances A. Stemsley
(Address) 515 W. Biddle St.

20. [illegible] Huntington Wilson Funeral Home

JUL 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18 . 1934 to July 15 . 1934

I last saw him alive on July 15 . 1934 Death is said to have occurred on the date stated above, at 12 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease hypertensive & myocardial failure	2½ Yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. Phagin M. D.

(Address) Baltimore City Hosp.

M. D. F. 1268-2

F 03266

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03266

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Granby St. 3-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zalda Kalin

(a) Residence: No. 1016 Granby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Lazaroff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Kalin

(Address) 1016 Granby st

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern ave Date 7/18 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Balto st

20. FILED JUL 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1933 to July 17, 1934

I last saw he alive on July 16, 1934 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other contributory causes of importance: acute dilatation of heart	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Samuel Silverstein M. D.

(Address) 22 S. Broadway

Form 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-2

F 03267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03267

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3435 Reisterstown Rd. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Lurie

(a) Residence: No. 3435 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel

6. DATE OF BIRTH (month, day, year): 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isidore Lurie

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Rachel

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Rachel Lurie

(Address) 3435 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Workmens Circle Date: July 18, 1934

19. UNDERTAKER: Jos Levinson & Bro

(Address) 112 E Balto St

Huntington Williams, M.D.

Registrar

JUL 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to July 18, 1934, last saw h[illegible] alive on July 17, 1934. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplectic stroke)	July 17-34
Other contributory causes of importance: Cerebral Arteriosclerosis for several years preceding it.	

Name of operation: — Date of

What test confirmed diagnosis? paralysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Benjamin Pustepner M. D.

(Address) 1 Medical Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03268

Thomas Novitsky

M. D. H. 1922 F 03268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-81 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Novitsky

(a) Residence: No. 120 Key Highway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 18, 1934

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

A. Augustus Williams, M.D.

0563

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 15, 1934

I last saw him alive on July 15, 1934 Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	March 193
Acute Pneumonia	June 15
Atelectasis Left Lung	June 1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in answers to the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) K. V. Laugelitter M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

F 03269

F 03269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Bank St. St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Mc Guinness

(a) Residence: No. 3508 Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wife of Thomas J. [illegible]

6. DATE OF BIRTH (month, day, year): [illegible] 1858

7. AGE: 76 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Daniel Mc Cann

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Denis J. Mc Hamilton

(Address) 3508 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Date: 7/19/34

19. UNDERTAKER: John A. Moran

(Address) 3000 E. Baltimore St

19 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 19 to July 16, 1934

I last saw her alive on July 16, 1934. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma.	
Uremia Hypertension.	
Other Contributory causes of importance: Chronic Interstitial Nephritis	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury NO, 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Mc Hamilton M. D.

(Address) 3508 Bank St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03270

281889 Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03270

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ____ St., 7-01 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Thomas Michaels

(a) Residence: No. 624 York Road St., Ward Balto. Co., Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 10 - 1882

7. AGE: Years 51; Months 9; Days ____; If LESS than 1 day, hrs. ____ min. ____

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O+D

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James Michaels

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Brully

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records Johns Hopkins Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sparks, Md Date July 20 19 34

19. UNDERTAKER: Wm. C. Gunter & Son

(Address) Sparks, Md

JUL 18 1934 Winston Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 17 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 7 - 16 - 1934 to 7 - 17 - 1934

I last saw him alive on 7 - 17 - 1934 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) CHRONIC NEPHRITIS, ARTERIOLO-SCLEROTIC. (causing UREMIA)	1932
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? BLOOD NPN. 240 Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ____

(Signed) Richard France M. D.

(Address) Johns Hop. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1934 F 03271

F 03271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XX 157-014

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Johnson

(a) Residence: No. Sparrows Point, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/18/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Clarence Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dorothy ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT JOHNS HOPKINS HOSPITAL (Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Md College Date July 18th, 1934

19. UNDERTAKER

(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to July 9, 1934

I last saw him alive on July 9, 1934 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cerebral defect	
Chronic Malnutrition	15 mo
Possible Stricture of Esophagus	probably congenital

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? clinical observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H Washington M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1936 E 03272

E 03272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√46

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jessie Spaniol

(a) Residence: No. 3703 5 St, Brooklyn Md, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Spaniol

6. DATE OF BIRTH (month, day, year) June 10-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Lawrence

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Virginia Jordan

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Jessie Spaniol

(Address) 3703 5th St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C.A. Co. Date July 18 3rd 19

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 N. Hilton St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-34

22. I HEREBY CERTIFY, That I attended deceased from 6-26- 1934 to — 1934

I last saw her alive on 7-17- 1934 Death is said to have occurred on the date stated above, at 12.45 a m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Duration 1 yr

Other contributory causes of importance:

Myocardial degeneration

Name of operation Excision of Uterus Date of 11/7/33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Scott Fowler M. D.

(Address) 2 W Read St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 15

M. D. B 1268-9

M 03273 HEALTH DEPARTMENT—CITY OF BALTIMORE M 03273

CERTIFICATE OF DEATH

207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 25-01 St. 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman A Reis

(a) Residence: No. 2217 Sidney Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia H Reis

6. DATE OF BIRTH (month, day, year) Jan 24 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Fred. Reis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Benton

(Address) 932 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Cem. Date July 20th 1934

19. UNDERTAKER Charles W. Dill

(Address) 3109 Fredk Ave.

FILED JUL 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by train	7/17/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-17 1934

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place B. & O. R.R.

Manner of injury Struck by train

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify ...

(Signed) Eugene Zellers M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. P. 1268-9

F 03274 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03274

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? 30 yrs. --- mos. --- ds.

2. FULL NAME Daniel Daus.

(a) Residence: No. 1702 Felt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) February 3, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, O.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Un. Ry. & E. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Matthias Daus.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Wilhelmina Verginski.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Anna Abram. (sister)
(Address) 1702 Felt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 7/19 1934

19. UNDERTAKER J. F. McGinley
(Address) 130 E Fort Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia,	
Gangrenous.	
Toxemia.	

Other contributory causes of importance:

Name of operation Yes. Date of 7/17

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so specify ...

(Signed) Theodore Steinhardt, M. D.
7/18/34 (Address) 1017 N. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 03275

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03275

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital 17-01 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lavinia Hicks

(a) Residence: No. 910 Church St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr Grant Mr Grant

14. BIRTHPLACE (city or town) (State or country) Mr Grant

MOTHER

15. MAIDEN NAME Mrs Grant Mrs Grant

16. BIRTHPLACE (city or town) (State or country) Mrs Grant

17. INFORMANT Irene Hicks (sister)
(Address) 917 Middle Court

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 18, 1934

19. UNDERTAKER Mrs Katie R Williams
(Address) 327 N Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5-15-34 . 19 ... to 7-17-34 . 19 ...

I last saw her alive on 7-17-34 . 19 ... Death is said to have occurred on the date stated above, at 2:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Lloyd Fox M. D.

(Address) President Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Es 3

M. D. P. 1208-9 03276

F 03276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Dellwood Ave. | 23rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Harris

(a) Residence: No. 1216 Dellwood Ave St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR or RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 26- 1855

7. AGE: Years 78 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

FATHER

13. NAME: William Harris

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rachel Bublitz

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Mrs. T. A. Carnes 1215 Hoffing Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: New Freedom, Pa. Date: July 20- 1934

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED JUL 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18- 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1933 to July 18 1934

I last saw her alive on July 16th 1934 Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	
Myocardial degeneration	
Other contributory causes of importance:	
Myocardial failure	May 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frances H. Gillen M. D.

(Address) 900 W. 37th St. Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6

M. D. B. F08-9 F 03277

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03277

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital St., 20 3 Ward)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wm A. McCullough

(a) Residence: No. 757 Mc Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia McCullough

6. DATE OF BIRTH (month, day, year) Dec. 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Mc Cullough

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Delia Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Hosp. Record Md. Genl Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date July 19 193

19. UNDERTAKER (Address) Fred. A. Kramer & Son 703-705 Hanover St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1934 to 7-16, 1934

I last saw him alive on 7-16, 1934 Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy — Date of onset 1932

Acute Cardiac Decompensation — Date of onset 1934

Other contributory causes of importance:

Name of operation Prostatic Resection Date of 7/16/34

What test confirmed diagnosis? Micro. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Taylor M. D.

(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03278

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03278

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Linnard St. 16-al Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J. F. Stagge

(a) Residence: No. 709 Linnard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine V. Stagge

6. DATE OF BIRTH (month, day, year) Oct. 21, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt. Balt. 3rd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian H. Stagge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Freese

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine V. Stagge

(Address) 709 Linnard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 20 1934

19. UNDERTAKER Mrs. Mrs. John W. Pfeifer & Son

(Address) 801 W. Fayette St.

20. FILED ... 19... [illegible] for Williamsville, Ill.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934

I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to July 17, 1934

I last saw him alive on July 17, 1934. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Pneumonia	

Other contributory causes of importance:

Empyema	
Peritonitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. Hood, M. D.

(Address) 7222 Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1208-9

F 03279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Strickland St. 20-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie M. Krieg

(a) Residence: No. 3203 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry Krieg

6. DATE OF BIRTH (month, day, year) May 6- 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 15th 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Myers

(Address) 1500 SE Sota Road

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date July 21, 1934

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED JUL 19 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934 to July 18, 1934

I last saw h.. alive on July 18, 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthma	4 yrs ago
Other contributory causes of importance: Acute cardiac dilatation	4 days

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Wagner M. D.

(Address) 2030 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-9

F 03280

F 03280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Park Ave. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Mozingo

(a) Residence: No. 1614 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Baptist Home Records
(Address) 1614 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem'ty Date July 19, 1934

19. UNDERTAKER John O. Mitchell & Sons, inc.
(Address) 1900 Eutaw Place

20. FILED JUL 19 1934 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to July 18 1934

I last saw h[illegible] alive on July-17- 1934. Death is said to have occurred on the date stated above, at 4.30 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arter Sclerosis	many years
Other contributory causes of importance: Hemiplegia Right Side	4 wk.

Name of operation ——— Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. O. Hoes M. D.

(Address) 5600 York Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH Union Memorial Hospital Baltimore Md.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-21 St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Pasquoche

(a) Residence: No. 2233 Huntington Ave St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose La Rose Pasquoche

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 years	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Louis Pasquoche

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Louis Pasquoche (Son) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer July 20 '34

19. UNDERTAKER (Address) J. D. Montgall 2334 Lall 12

20. FILED ..... 19.. ..... Registrar.

JUL 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17/34. 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934. 19 to July 17 1934

I last saw him alive on July 17 1934 Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 7/14/34
Mesenteric thrombosis

Other contributory causes of importance:
Generalized Arteriosclerosis

Name of operation Exp Laparotomy Lysis adhesions Date of 7/17/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Emil Kador M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03282

F 03282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Barshop

(a) Residence: No. 26 S. Patterson Pk Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE — Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Maurice

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME P. K.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harold Feinglass

(Address) 2303 Whitelock ave

18. BURIAL, CREMATION, OR REMOVAL

Place Old Camel Date 7-19-34 19

19. UNDERTAKER J. H. & Louis Sol

(Address) 1439 E. Baltimore St.

20. FILED 19 Huntington Williams, Jr

JUL 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1934, to 7-18, 1934

I last saw her alive on 7-18, 1934 Death is said to have occurred on the date stated above, at 1.51 A.m.

The principal cause of death and related causes of importance were as follows:

Encephalitis?

Date of onset

Other contributory causes of importance:

Name of operation Decompression Date of 7-16-34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustav Highstein, M. D.

(Address) Sinai Hospital

V 9 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-0

F 03283

F 03283 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Haven St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mellie Pass

(a) Residence: No. 416 N Haven St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles F

6. DATE OF BIRTH (month, day, year) Dec. 28 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Harry Right

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Fanny Baron

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Charles F. Pass
(Address) 416 N Haven St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 20. 1934

19. UNDERTAKER Martin C. Dippel Inc
(Address) 37 S Anne St.

20. FILED JUL 19 1934 Hunting Wilkins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3 1934 to July 17 1934
I last saw h[illegible] alive on July 17 1934 Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis Chr. Arterial Hypertension	July 1926
Other contributory causes of importance: Hernia Coma Acute Cardiac Dilatation	July 16

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Wm G. Lepp M.D. M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

M. D. P. 1268-9

F 03284

F 03284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S) Durham St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank V. Welsh

(a) Residence: No. 118 S Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): May 23 1848

7. AGE — Years: 36 — Months: 1 — Days: 27 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labor
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John B. Welsh
14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Anna Stapleton
16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Mary Welsh
(Address): 118 S Durham

18. BURIAL, CREMATION, OR REMOVAL. Place: Holy Redeemer Date: July 21 1934

19. UNDERTAKER: Martin H. E. Duffy & Son
(Address): 31 S Ann St

20. FILED 19 (Registrar)

JUL 19 1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934 to July 17, 1934

I last saw him alive on July 7, 1934 Death is said to have occurred on the date stated above, at 3 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
May 31 - 1934	- 1934

Other contributory causes of importance:

None

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Pelletier M. D.
(Address) 812 Hamilton Ave

M. D. H. 1268-0

03285

HEALTH DEPARTMENT—CITY OF BALTIMORE

03285

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6406 Eastern ave St., 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christena Bond

(a) Residence: No. 6406 Eastern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rolf H. Bond

6. DATE OF BIRTH (month, day, year) June 19-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME J. Henry Weinhold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Pocock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lillian M. Hagey

(Address) 442 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date July 21, 1934

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED ... Huntington Williams, M.D.

JUL 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to July 17, 1934

I last saw h[illegible] alive on July 17, 1934. Death is said to have occurred on the date stated above, at 2.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Impairment	1 mo

Other contributory causes of importance:

Acute Dilatation of Heart	Hr.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) 6406 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03286

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Fleet St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Herman H. Gundlach

(a) Residence: No. 3121 Fleet St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia Gundlach

6. DATE OF BIRTH (month, day, year) Feb. 23 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Gundlach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Amelia Gundlach

(Address) 3121 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Macchens cem. Date July 19, 1934

19. UNDERTAKER George W. Gibbs

(Address) 1737 E. Eager St.

JUL 19 1934

20. ... 19... Registrar

Washington & Williams, Agts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934 to July 16, 1934.

I last saw him alive on July 16, 1934 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Apoplexy

Other contributory causes of importance:

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Pfeifenschneider, M. D.

(Address) 2939 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S. Luzerne Ave St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 38 yrs. ..... mos. ..... ds.

2. FULL NAME Anthony E. Andrejak

(a) Residence: No. 730 S. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ Mary Andrejak

6. DATE OF BIRTH (month, day, year) Dec, 28th/1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Andrejak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kazmiera Polcz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Andrejak (Wife)
(Address) 730 S. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS CEM. Date July 21st 1934

19. UNDERTAKER George A. Weber
(Address) 705 S. Conn Street

20. FILED JUL 19 1934 19..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1933 to July 18, 1934

I last saw ~~him~~ alive on July 18 1934 Death is said to have occurred on the date stated above, at 6. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	

Other contributory causes of importance:

Chronic passive congestion of lungs	

Name of operation none Date of .....

What test confirmed diagnosis? P.M.S. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John J. Fraser M. D.

(Address) 726 E. Eager St.

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1265-0

F 03288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 McElmonough St. 8-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Tillmond

(a) Residence: No. 1113 McElmonough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Tillmond

6. DATE OF BIRTH (month, day, year) May 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Evangelist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keyesville Va

FATHER

13. NAME Branch Jones

14. BIRTHPLACE (city or town) (State or country) Keyesville Va

MOTHER

15. MAIDEN NAME Sandmond

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Andrew Tillmond (Husband)
(Address) 1113 McElmonough St

18. BURIAL, CREMATION, OR REMOVAL
Place Falls Church Va Date July 21, 1934

19. UNDERTAKER mrs C. Thos G. Bagley
(Address) 1421 Jefferson St

UL 19 1934

Huntington West Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to July 17, 1934

I last saw h... alive on July 17, 1934 Death is said to have occurred on the date stated above, at 12:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic fever	July 1934

Other contributory causes of importance:

Endocarditis	1934
Hypertension	
Nephritis	

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) R. T. Young M. D.

(Address) 1424 E. McElmonough St

OCCUPATION is very important. See instructions on back of certificate.

✓ F 03289

F 03289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Charles La Bonte.

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Anna Moeller.

6. DATE OF BIRTH (month, day, year) 27 June 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Cigar

10. Date deceased last worked at this occupation (month and year) 7

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Lyons - France

FATHER

13. NAME Joseph La Bonte

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Superior (Address) 1200 Valley St. City

18. BURIAL, CREMATION, OR REMOVAL Mount Holly Redeemer 7/20, 1934

19. UNDERTAKER Forbush Service (Address) 600 W. Mulberry St.

Filed ... 19... Registrar. Huntington Williams, M.D.

JUL 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 18 July, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jul 24 1933 to July 18 1934

I last saw him alive on July 13 1934 Death is said to have occurred on the date stated above, at 1:22 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Endocarditis	?

Other contributory causes of importance:

Hypertension Arteriosclerosis ?

Name of operation ... Date of ...

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Carter, M. D.

(Address) 111 W. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

03290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03290

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH: State Hosp. 82-001 — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2702 W Fairmount Ave., ____ Ward)

Length of residence In city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth ____ yrs. ____ mos. ____ ds.

2. FULL NAME Earl Hudson (Hudson)

(a) Residence: No. 2702 W Fairmount Ave. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. Color or race: White — 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 1-1908

7. AGE: Years 23 — Months 7 — Days 16 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Confectionery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 019

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent at this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Thos Hudson

14. BIRTHPLACE (city or town) (State or country): Del

MOTHER

15. MAIDEN NAME: Christina E Weiss

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Chas W Hudson

(Address): 2702 W Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 7/20 1934

19. UNDERTAKER: Harry A Wiltse

(Address): 1711 Edmondson Ave

20. FILED: JUL 19 1934 — Huntington Williams, M.D. Registrar — 2902

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 17 1934 c. w.m.

22. I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____ 19____

I last saw h____ alive on July 17 1934. Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Stroke	

Other contributory causes of importance:

Name of operation: Autopsy — Date of: July 17 1934

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Chas E Brack M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

vs6

Spec.—9-30—A & F—25 F 03291

F 03291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 159

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary ST. 27-01 WARD)

2. FULL NAME Baby Boy Norton

(a) RESIDENCE NO. 2916 Rowland Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16, 1934

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 26 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John Ed. Norton

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Marie L. Jenkins

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1934

17

I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 16, 1934

that I last saw him alive on 3.54 PM. 7/16, 1934

and that death occurred, on the date stated above, at 3.55 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity (6 hrs.)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Richard V. Hauver M. D.

7/16, 1934 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U of Md College — DATE OF BURIAL: July 18 1934

20 UNDERTAKER [illegible] — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 03292

M. D. Form 1

F 03292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 E. Biddle St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Hanrahan

(a) Residence: No. 1823 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Hanrahan

6. DATE OF BIRTH (month, day, year) Feb 6-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Painting

10. Date deceased last worked at this occupation (month and year) Feb 6/3

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER

13. NAME Wm Hanrahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Patricia Fowler

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Mary L. Hanrahan

(Address) 1823 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date July 20 1934

19. UNDERTAKER William L. Schaffer

(Address) 1816 E. Monument St.

FILED JUL 19 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1934 to July 17 1934

I last saw him alive on July 14 1934 Death is said to have occurred on the date stated above, at 1 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?

Other contributory causes of importance:

Angina Pectoris Arteriosclerosis
Chronic Nephritis Hypertension ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Lemmon M. D.

(Address) 716 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-a

F 03293

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03293

CERTIFICATE OF DEATH

72-001

Registered No. 72-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W. Belvedere St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Deford Swann

(a) Residence: No. 608 W. Belvedere Ave Ward. 27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced (write the word)~~
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26 07

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Sherlock Swann

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md

MOTHER

15. MAIDEN NAME Edith R Deford

16. BIRTHPLACE (city or town) (State or country) Balto. County

17. INFORMANT (Address) Sherlock Swann

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date 7/20/34 19

19. UNDERTAKER Johnny W Jenkins

(Address) McCulloh & Eutaw 2338

20. FILED JUL 20 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to July 18 1934

I last saw h~~e~~r alive on July 18 1934 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spermatocystitis	
Septicemia, Streptococcus Viridans Endocarditis	1930
Myocarditis, Pericarditis	
(Contributory)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C B Gamble Jr M. D.

(Address) Washington Apts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-A

F 03294

F 03294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 St Paul St St. 17-91 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C Stickel

(a) Residence: No 1700 St Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Cora A Stickel

6. DATE OF BIRTH (month, day, year) Oct 2 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Wm R. Richard

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME M. Etell

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Cora A. Stickel
(Address) 1700 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Pa Date July 21, 1934

19. UNDERTAKER H. H. Jenkins Son & Co
(Address) Eutaw & Lexington Sts

20. FILED JUL 17 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to July 17, 1934 last saw him alive on July 18, 1934. Death is said to have occurred on the date stated above, at 11:17 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) G. W. Fenton, M. D.

(Address) 1125 E Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03295

F 03295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 N. Highland Ave St. 76-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Conrad Wolf.

(a) Residence: No. 518 N. Highland Ave St., Ward. 76th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Catherine Wolf.

6. DATE OF BIRTH (month, day, year) May 2 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 years	2 Mo	15 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Valentine Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth A. Quinlan

(Address) 518 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 7/20/ 1934

19. UNDERTAKER Louis Tellmann & Son

(Address) 32 S. Broadway

20. FILED 19 Registrar

JUL 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-14-34 19 to 7-17 1934

I last saw him alive on 7-17 1934 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	7/16/
Other contributory causes of importance:	
Aortic Stenosis	7/14/34

Name of operation None Date of No

What test confirmed diagnosis? C.J. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) David Miller M. D.

(Address) 1500 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 03296

F 03296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lutheran Hosp. St., 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Jr. Horace K. Faust (Horace Kirk Faust)

(a) Residence: No. 3904 Chatham Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Lola E. Faust 1881

6. DATE OF BIRTH (month, day, year) November 14 ~~1901~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Faust

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Hamm

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Lola E. Faust

(Address) 3904 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 19 1934

19. UNDERTAKER Wm. J. Tichenor Sons

(Address) Mich & Pa Ave

Huntingtown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to July 18 1934

I last saw him alive on July 18 1934. Death is said to have occurred on the date stated above, at 5.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Cachexia	
Emaciation	
Toxemia	

Other contributory causes of importance:

Name of operation Colostomy Date of 6/22/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John K Cozum M. D.

(Address) W.B.&A. Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 19 1934

F 03297

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03297

CERTIFICATE OF DEATH

72-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 S. Abram St. St., No. 61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Fulton

(a) Residence: No. 729 S. Abram St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hazel Fulton

6. DATE OF BIRTH (month, day, year) Dec. 21 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Fulton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hazel Fulton (Address) 729 S. Abram St.

18. BURIAL, CREMATION, OR REMOVAL Place Morelands Mem. Park Date July 22 1934

19. UNDERTAKER Hugh F. Donnelly & Son Inc. (Address) Huntington, W. Va.

20. FILED July 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to July 19 1934

I last saw h[illegible] alive on July 19 1934 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Nephritis Chronic	6 mos.
Pulmonary Tuberculosis	18 days

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. W. J. Thompson M. D.

(Address) 5016 Eastern Ave. Balto.

M. D. B. 1268-9

F 03298

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03298

CERTIFICATE OF DEATH

√ x 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (Or) Carlin's Park, St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Weston

(a) Residence: No. Oakland Col St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Weston

6. DATE OF BIRTH (month, day, year) Apr 17 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58 yrs 3 mos	58	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2nd Mate

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Steamer Willemo

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 0 8 6

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Capt. F. C. Gaidsick (Address) Chief Steam Willemo

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date 7/20 1934

19. UNDERTAKER J. J. Fraley Son & Co (Address) 1314 E. Eight St Huntington W. Va.

20. FILED JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) Coroner

(over)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of trade, profession, or particular kind of work is necessary to properly classify.

M. D. F. 1268-9

F 03299

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03299

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Park Ave. St. 14-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delilah V. Peterman

(a) Residence: No. 1615 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Peterman

6. DATE OF BIRTH (month, day, year) June 9, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	86	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County Md.

FATHER

13. NAME Peter Clemm.

14. BIRTHPLACE (city or town) (State or country) Fred. County Md.

MOTHER

15. MAIDEN NAME Julia Forrester

16. BIRTHPLACE (city or town) (State or country) Fred. County Md.

17. INFORMANT Russell C. Miller

(Address) 100 W. University Pky.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 20, 1934

19. UNDERTAKER Howard D. Mitchell & Sons

(Address) 1900 Eutaw Place

JUL 20 1934 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24th, 1934 to July 18th, 1934

I last saw h[illegible] alive on July 19, 1934 Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	15 yrs
Other contributory causes of importance:	
Cerebral Apoplexy	3 days

Name of operation — — — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac C. Dietrich M. D.

(Address) 3055 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03300

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03300

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. D. Norfolk

(a) Residence: No. 635 W. Balto St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 58	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inventor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (Month and year) Life

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph F. Norfolk

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia F. Foley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Julia Tilley

(Address) 1214 E. 31 St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date July 21 1934

19. UNDERTAKER Lowell & Byers

(Address) 3324 Edmondson Ave

20. DATE FILED JUL 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16 1934 to July 18 1934

I last saw him alive on July 17 1934. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction due to Carcinoma	July 1 yr?

Other contributory causes of importance:

Myocardial failure	one wk

Name of operation Laparotomy Date of 7/17/34

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) C. F. Thom M. D.

(Address) Univ. Hosp.

AaCo. 5-11 250B

B 03301 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 03301

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1627 W. Mulberry st. St. 19-a (Ward)

Length of residence in city or town where death occurred 37 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Beatrice Holmes

(a) Residence: No. 1627 W. Mulberry st. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Holmes

6. DATE OF BIRTH (month, day, year) 3-15-1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	54	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

FATHER

13. NAME Richard Tabb

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unk Rachel West.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Chas. Holmes
(Address) 1627 W. Mulberry st

18. BURIAL, CREMATION, OR REMOVAL Pet. Cemetery 7/22 1934

19. UNDERTAKER Bernard O'Hanley
(Address) 818 Druid Hill Ave.

20. FILED JUL 20 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st. 1934 to July 18th 1934

I last saw her alive on July 18th 1934 death is said to have occurred on the date stated above, at 9.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	7/1/34
Mitral Ins.	7/1/34
Other contributory causes of importance: Ch. Inter. Nephritis	?

Name of operation Date of

What test confirmed diagnosis? Physical Exam. Urinalysis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter J. Jackson M. D.
(Address) 1631 W. Franklin st.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 03302

03302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Josephine Smith

(a) Residence: No. 1516 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Smith

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel E Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Jane 1516 McCulloh

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Hill Date 6/20/34

19. UNDERTAKER Mrs. Geo. A. Kelly

(Address) 1639 Druid Hill

20. FILED 19 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestines	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H Herzog MD Coroner, M. D.

(Address) 1305 Patterson Park

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 03303 ✓ F 03303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Auchentoroly Ter. St. 13-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Campen

(a) Residence: No. 3106 Auchentoroly Ter. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Elias Campen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mr. Albert Zimmerman

(Address) 3106 Auchentoroly Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 21 1934

19. UNDERTAKER Wm. J. Richter Sons

(Address) North & Fremont Aves

20. FILED JUL 20 1934 .....

Registrar

Huntington Woods

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to July 19th 1934

I last saw her alive on July 17th 1934. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hemorrhage	July 15th 34

Other contributory causes of importance:

Chron. Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Chilcoat M. D.

(Address) 1306 N. Calvert St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53

M. D. B. 1268-9

03304 F 03304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St., 22 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levi Ralph Sterner

(a) Residence: No. 1015 Boland Heights St., Ave Ward. 24
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Laura Sterner

6. DATE OF BIRTH (month, day, year) Feb. 22, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mr. E. E. Sterner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Loats

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Md. Genl Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date July 23, 1934

19. UNDERTAKER Chas. W. Hoff

(Address) 362 Edmondson Ave

FILED JUL 20 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1934 to 7-19-34, 19..

I last saw him alive on 7-19, 19 34 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous appendicitis c Seabage.	7-13
Generalized Peritonitis.	

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-13-34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) H Proctor, M. D.

(Address) Md. Gen. Hosp.

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-4

F 03305

F 03305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N. Bond St. 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bettie Boddie Joyner

(a) Residence: No. 100 N Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Newton Joyner

6. DATE OF BIRTH (month, day, year) 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in home

10. Date deceased last worked at this occupation (month, day, year) June 1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Tarboro N. C.

FATHER

13. NAME John Boddie

14. BIRTHPLACE (city or town) (State or country) Nash Co. N. C.

MOTHER

15. MAIDEN NAME Bettie Perry

16. BIRTHPLACE (city or town) (State or country) Nash Co. N. C.

17. INFORMANT John Boddie
(Address) 100 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Tarboro, N. C Date July 22d 19 34

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-34

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934 to July 19, 1934
I last saw her alive on July 18, 1934 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 14 '34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard L Eveleigh M. D.

(Address) 1514 E. Baltimore Baltimore, Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03306

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 St. Johns Road St. 27-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME A. Marie Walter

(a) Residence: No. 725 St. Johns Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Adam Walter

6. DATE OF BIRTH (month, day, year) March 15, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Albrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Steinbach

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT H. Adam Walter

(Address) 725 St. Johns Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 21 19 34

19. UNDERTAKER John Wentz

(Address) 2008 Allegheny Ave

FILED JUL 20 1934 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934 to July 18, 1934

I last saw her alive on July 17, 1934 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria Toxemia	?
Other contributory causes of importance:	
Carcinoma Uteri	1932 ?

Name of operation Laparotomy Date of May 33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B. Lemmon, M. D.

(Address) 718 N. Patterson Park

M. D. F. 1268-9

F 03307

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03307

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 S. Eulaw St. (Ward) 20-1)

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Frank Reinhart

(a) Residence: No. 437 S. Eulaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 63 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

13. NAME Hyman

FATHER

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Lillie Reinhart

(Address) 437 S. Eulaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bath Hebrew Date 7-19-34

19. UNDERTAKER Sol Levy & Co.

(Address) 1939 E. Monument St.

20. FILED JUL 20 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1932 to July 19, 1934

I last saw h alive on July 19, 1934 Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	2 yrs ago
Other contributory causes of importance: Acute cardiac dilatation	2 days

Name of operation None Date of

What tests to confirm diagnosis: Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1269-9

03308

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 7 F 03308

+ 210-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Campbell

(a) Residence: No. Valley Lee, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, hr. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) July 17, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Valley Lee Maryland.

FATHER

13. NAME Louis Campbell

14. BIRTHPLACE (city or town) (State or country) Valley Lee Maryland.

MOTHER

15. MAIDEN NAME Maud Mattson

16. BIRTHPLACE (city or town) (State or country) Valley Lee Md.

17. INFORMANT Father (Louis Campbell
(Address) Valley Lee Md

18. BURIAL, CREMATION, OR REMOVAL Co Md
Place St Georges Cem. St Marys Co Md 7-20-1934

19. UNDERTAKER Wm C Mattingly
(Address) Funeral Director Leonardtown Md

Date Received JUL 20 1934

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-1934

22. I HEREBY CERTIFY, That I attended deceased from July 18 1934 to July 19 1934

I last saw h[illegible] alive on July 18 1934 Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

Fracture 6th cervical vertebrae — Date of onset 7/17/34

Other contributory causes of importance: Shock and loss of blood.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 7/17 1934

Where did injury occur? Valley Lee Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall from truck

Nature of Injury Fracture 6th Cervical Spine

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) Lamistor L. Keogh M.D.

(Address) University Hospital.

M. D. H. 1908-9

F 03309 ✓ F 03309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Mt. General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 28-21 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Ida C. Owen

(a) Residence: No. 4208 Main Ave. W. Forest Pk. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas M Owen Sr

6. DATE OF BIRTH (month, day, year) July 2 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E Zimmerman

14. BIRTHPLACE (city or town) (State or country) Baden Germany

MOTHER

15. MAIDEN NAME Catharine Ulrich

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date July 21 1934

19. UNDERTAKER Jos F Deeny

(Address) 2 Eight St

Jul 20 1934 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/13/34 . 19 to 7/19/34 . 19

I last saw h[illegible] alive on 7/19/34 . 19 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma peforans Colli Mediastinum & omentum	

Other contributory causes of importance:

Acute Cardiac decompensation	

Name of operation Exploratory Date of 7/17/34

What test confirmed diagnosis? Post Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Preston M. D.

(Address) Mt Gen Hosp.

M. D. F. (2650)

F 03310

F 03310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD

CITY OF BALTIMORE: (No. 9-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Snyder

(a) Residence: No. 2033 E 32nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Adam J. Snyder

6. DATE OF BIRTH (month, day, year): January 31, 1869

7. AGE: Years 65 | Months 5 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Erlbeck

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Paul

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mr Ed Snyder

(Address) 2033 E 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem Date 7/23/34, 19

19. UNDERTAKER: Philip Henry Sons

(Address) 2614 Pittsburgh Ave

20. FILED JUL 20 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1934 to July 19, 1934

I last saw h er alive on July 19, 1934 Death is said to have occurred on the date stated above, at 5A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia of pancreas	

Other contributory causes of importance:

Pancreas

Name of operation Laparotomy Date of 6-30-34

What test confirmed diagnosis operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Wheeler, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

V S 3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1265-9

F 03311 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03311

CERTIFICATE OF DEATH

X 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Curtis Creek, Curtis Bay Sta. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred en route yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marvin H. Leary.

(a) Residence: No. 1025 Palmer St. Philadelphia, Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) June 21, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, N.C.

FATHER

13. NAME William P. Leary.

14. BIRTHPLACE (city or town) (State or country) Plymouth, N.C.

MOTHER

15. MAIDEN NAME Eva Biggs.

16. BIRTHPLACE (city or town) (State or country) Plymouth, N.C.

17. INFORMANT William P. Leary. (father)

(Address) Palmer St. Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL Plymouth N.C. 7/23/34

19. UNDERTAKER [illegible]

(Address) 1313 Light St

20. FILED 7/20 19 34 [illegible] Registrar

L 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning while wadeing in water.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/19/34 19

Where did injury occur? Curtis Creek, Balto. Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Wadeing in water.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Einhardt, M. D.

7/20/34 (Address) 1017 E. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 126-3

F 03312

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03312

V 89-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Naomi Weiner.

(a) Residence: No. House of the Good Sheperds, Hollins & Mount Sts. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) October 25, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Weiner Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Levenson.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT House of the Good Sheperd report.
(Address) Hollins & Mount Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Lotman Date 7/21 19 34

19. UNDERTAKER 131 Saratoga St.
(Address)

JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Otitis Media,	
Septicemia.	
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Hospital autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Steinhardt, M. D. Coroner

7/20/34 (Address) 1017 E. Charles St.

Spec.—2-29-28—L. F. S.—500 Bks.

F 03313

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03313

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Kentucky ST., 18-W (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F O'dell

(a) RESIDENCE NO. 3022 Kentucky Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dolly O'dell

6 DATE OF BIRTH (month, day, and year) Dec 27/57

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ill

PARENTS

10 NAME OF FATHER John O'dell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ill

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs John O'dell
(Address) 3022 Kentucky Ave

15 Filed JUL 20 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19-34

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 19, 1934

that I last saw him alive on July 19, 1934

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Cessation of Cardiac Pulsation

(Signed) Walter Anderson M. D.

, 19 (Address) 3001 Shannon Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Moreland Park Cem	July 20, 34

20 UNDERTAKER J D Turner & Son ADDRESS 3201 Cortlandt

Important. See instructions on back of certificates.

M. D. P. 1268-2

F 03314

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 3314

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Hanekamp

(a) Residence: No. 905 N Collins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Henry Hanekamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nancy Ayrs

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Miss Anna Hanekamp

(Address) 905 Collins St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7/24 1934

19. UNDERTAKER John F. Cowan & Son

(Address) 1130 Collins St.

20. FILED JUL 20 1934 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 1934 to July 19 1934

I last saw h alive on July 19 1934 Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis	1934
Hyalitis + Cystitis	1931
Renal + vesicle calculi	1934
Terminal pneumonia	July 18

Other contributory causes of importance:

Name of operation Suprapubic cystotomy Date of 7.16.34

What test confirmed diagnosis Cystogram Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Lowes M. D.

(Address) Supt Mun Hosp

F 03315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 03315

131

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3803 Clarks Lane (Hosp. or Inst.) 7-01 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura C. Rausch

(a) RESIDENCE NO. 3803 Clarks Lane WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Rausch

6 DATE OF BIRTH (month, day, and year): Sept 23 1857

7 AGE: Years 77 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min. ...

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Peter Rausch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs Crotzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Fred G. Rausch

(Address) 5 East Lee Mt Washington Md

15 ... 1934 ... Washington ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19 1934

17 I HEREBY CERTIFY, That I attended deceased from July 1 1934 to July 19 1934

that I last saw him alive on July 14 1934

and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism, Endocarditis

Chronic Interstitial Nephritis

Coronary Arteriosclerosis

Senility

Contributory (Secondary) Pulmonary Oedema (duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Norbert C. Mitch M. D.

July 20 1934 (Address) 2151 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 7/30 1934

20 UNDERTAKER: John F. Cowan & Son

ADDRESS 931 Hollins St

L 20 1934

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1758-9 F 03316

F 03316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arnold Mercer

(a) Residence: No. Union Bridge, Carroll Co, Md. St., ... Ward. D.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Mercer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Friends

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date July 22 1934

19. UNDERTAKER (Address) D. D. Hafer Union Bridge

20. FILED ..... 19..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1934 to 7-20 1934

I last saw h(im) alive on 7-19 1934. Death is said to have occurred on the date stated above, at 4:12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforating wound, cornea, left eye	7-15-34
Other contributory causes of importance: Pneumococcic Meningitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-15 1934
Where did injury occur? Union Bridge, Carroll Co, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place public place
Manner of injury auto accident
Nature of injury puncturing wound - left eye

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. Lancaster M. D.
(Address) Univ. Hosp.

M. D. B. 1268-9

F 03317 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03317

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. 17-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Freeland

(a) Residence: No. 612 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlantic City N.J.

FATHER

13. NAME Henry Freeland

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Inez Pinder

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Inez Allen

(Address) 612 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Atlantic City N.J. Date 7/21/ 1934

19. UNDERTAKER Francis A. Demilley

(Address) 578 W. Fredrick St.

JUL 20 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to July 19, 1934

I last saw him alive on July 19, 1934 Death is said to have occurred on the date stated above, at 2.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (R. Lung & Lt. Lower)	7/14/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) H. H. Langenbeck, M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 03318 Welsh F 03318

M. D. F. 1067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 51

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1201 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Welch

(a) Residence: No. 822 Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 60? Months: Days: If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Steven Welch

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Pitt

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 7/21/ 1934

19. UNDERTAKER: Francis A. Hemley

(Address) 578 W. Biddle St.

19. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 1934 to July 19 1934

I last saw him alive on July 17 1934 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Urinary Bladder — Date of onset 3 Months

Other contributory causes of importance:

Uremia — 1 week

Hemorrhage, Secondary to Suprapubic Cystotomy — 2 days

Date of operation 7/18/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. W. Embery M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

JUL 20 1934

M. D. B. 1268-9

F 03319

F 03319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore Md.

CITY OF BALTIMORE: (No. 828 West 37 St., 13-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella J. Mules

(a) Residence: No. 828 West 37 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Life

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of Wm. Chas. Mules

6. DATE OF BIRTH (month, day, year) Nov 29-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Connelly

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Agnes Rorkure ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT family

(Address) 828 West 37 Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery July 23 1934

19. UNDERTAKER Holliday Hook

(Address) 1217 St Paul Street

FILED [illegible] 1934 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19-34

22. I HEREBY CERTIFY, That I attended deceased from 7-10-34 to 7-19-34

I last saw her alive on 7-19-34 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease - Hypertension -	April 1925
Other contributory causes of importance: Myocardial failure	7/17/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Grace M.D.

(Address) 1800 Eutaw Place

JUL 20 1934

M. D. B. 1268-9

F 03320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 03320

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1105 West Lombard St (Ward) 13-A
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Patrick Croghan
(a) Residence: No. 1105 West Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. If married, widowed, or divorced (write the word) Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Anieta D. Croghan

6. DATE OF BIRTH (month, day, and year) March 7, 1887

7. AGE: Years 47 | Months 4 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Asst Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Md Dept

10. Date decedent last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation 16 Years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Croghan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Byrne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anieta D Croghan
(Address) 1105 West Lombard

18. BURIAL, CREMATION, OR REMOVAL. Date July 21 1934
Place Cathedral Cemetery

19. UNDERTAKER William Cook
(Address) 217 St Paul Street

FILED JUL 20 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1934 to July 18 1934

I last saw him alive on July 18 1934 Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.

7/20/34 (Address) 733 N Fremont St

OCCUPATION is very important. See instructions on back of certificate.

S 3

F 03321

M. [illegible] F 03321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3111 Oakley St. St. 27-C1 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Florence Robeson

(a) Residence: No. 3111 Oakley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) June 22 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Frederick Robeson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Timanus

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anna Belle Robeson
(Address) 3111 Oakley Ave

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Loudon Park Date July 21 1934

19. UNDERTAKER J. M. Geo. E. Pat & Sons
(Address) 1214 E. Pat St.

20. [illegible] 19 [illegible] Registrar.

OL 20 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to July 19 1934

I last saw her alive on July 19 1934 Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-8-34
Arterio Sclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John D. Bufort M. D.
(Address) 4803 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

F 03322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03322

Dr. Irvin Wallace
1431 St Paul St

131V

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2828 Overland Ave 27-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 73 yrs. 5 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine A. Eberman
(a) Residence: No. 2828 Overland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	Color or Race	Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
(or) WIFE of Dr Henry F Eberman

6. DATE OF BIRTH (month, day, year) Feb 13. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Pennsylvania

MOTHER FATHER
13. NAME John Hostetter
14. BIRTHPLACE (city or town) (State or country) Lancaster Co Pennsylvania
15. MAIDEN NAME Gochenaur
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Dorothy E Coles
(Address) 2828 Overland Ave
18. BURIAL, CREMATION, OR REMOVAL Lancaster Pa
Greenmount Cemetery Date July 21 1934
19. UNDERTAKER William Coale
(Address) 1217 St Paul St

FILED JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1930 to July 19 1934
I last saw h alive on July 19 1934. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928
Cyanosis Fibrillation	1930
Chronic Bronchitis	1930
Arteriosclerosis	1928

Other contributory causes of importance:
Uremic Coma 7/16/34

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or In public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?
(Signed) Irvin B. Wallace M. D.
(Address) 1031 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 03323

M. D. B. 7268-9

Dr Julius Friedenwald 1013 N. Charles

F 03323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 15-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3808 Dorchester St. Rd (Ward)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harriett E Arem

(a) Residence: No. 3808 Dorchester Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent H. Arem

6. DATE OF BIRTH (month, day, year) June 7 1853-0

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Neal

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. H. E. Arem (Address) 3808 Dorchester Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Date 7-21 1934

19. UNDERTAKER Franklin H. Getz (Address) 709 N. Eutaw St.

20. [illegible] Huntington Williams, M.D. Registrar.

JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934 to July 19, 1934

I last saw h[illegible] alive on July 12, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis → Cachexia	[illegible]
Pulmonary Edema →	Several days
Other contributory causes of importance:	
Arteriosclerosis	Some years
Chronic Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore A. Morrison M. D.

(Address) 1013 N. Charles St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. P-03324 E 03324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 6-A

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Elliott

(a) Residence: No. 1811 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine

6. DATE OF BIRTH (month, day, year) April 19 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 6 W
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Joseph
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Sarah Windsor
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date July 21 1934

19. UNDERTAKER Wm. E. McClelland & Son
(Address) 2334 Jefferson St.

20. FILED [illegible] Registrar

UL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1933 to July 19 1934
I last saw him alive on July 19 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Lupoid	8 mos?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. Pharaoh M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

No. D 3325

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3325

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH St Agnes Hospital

Registered No.

CITY OF BALTIMORE: (No. 12 Somerset Road St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Gilbert Smith

(a) Residence: No. 12 Somerset Road, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 27, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Gilbert Smith

14. BIRTHPLACE (city or town) (State or country) Balt,

MOTHER

15. MAIDEN NAME Rose A. Monaghan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Gilbert L. Smith Sr.

(Address) 12 Somerset Rd. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 23, 1934

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St

20. FILED JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-13-34, 1934 to 18, 1934

I last saw him alive on 7-18, 1934. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	7/13
Peritonitis	7/13

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl B Derbel, M. D.

(Address) St Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268 F 03326

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03326

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Westwood Ave St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M. Betz

(a) Residence: No. 2701 Westwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edna L Betz.

6. DATE OF BIRTH (month, day, year) Feb. 14, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Photo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Betz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Kate Hohman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edna L Betz

(Address) 2701 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 20 1934

19. UNDERTAKER Frederick A Dolan

(Address) 1200 W Lombard St

20. FILED 19 Registrar

JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16 1934 to 7-18 1934

I last saw him alive on 7-16 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	4/5/34

Other contributory causes of importance:

Aortic Insufficiency	2yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Dana Miller M. D.

(Address) 1522 N Broadway.

V. S. 3 OCCUPATION is very important. See instructions on back of certificate. Exact statement of the place of death, as that it may be properly classified.

M. D. B. 1268-a

F 03327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03327

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1038 Valley St. St., 10-01 Ward)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Furlong

(a) Residence: No. 1038 Valley St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): July 12th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm. J. Furlong

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Catherine Brenahan

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mr. Wm J. Furlong

(Address): 1038 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Cemetery Date: July 23 1934

19. UNDERTAKER: Edward W. Confelder

(Address): 524 E. Eager St.

20. FILED ... 1934 ... Registrar.

JUL 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to July 20 1934

I last saw him alive on July 20 1934. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia.	July 18 1934
Other contributory causes of importance: Rickets	6 mo

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Hoen M. D.

(Address) 5600 York Rd

F 03328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03328

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Linden Ave. St., 11-A Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Grace E. Lastner

(a) Residence: No. 1313 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles C. Lastner

6. DATE OF BIRTH (month, day, year) April 23, 1876

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
58	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Tolou

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julia A. Iowe

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Emma L. Cooper
(Address) 900 R. St. N. W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 21st. 19 34

19. UNDERTAKER Chas. H. Grove & Son
(Address) 118 W. Mt. Royal Ave.

JUL 20 1934

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934, 19 ..., to 7/19/34, 19 ...

I last saw her alive on 7/19/34 19 . death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coranary Thrombosis	1 day
Other contributory causes of importance:	
Myo-Carditis Cardiac Insufficiency.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Benj. C. McCeney, M. D.

(Address) 400 N Payson St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible]-9 F 03329 ✓ F 03329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hospital, 20-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Bernadine Rose

(a) Residence: No. 1622 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1934 6-30-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Clarence Rose

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Keilholtz

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Mrs. Keilholtz 1622 McHenry St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date July 2, 1934

19. UNDERTAKER (Address) Robt. E. Cook 1003 W. Baltimore St.

20. [illegible] Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1934 to July 20, 1934

Last saw h[illegible] alive on July 20, 1934. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Malnutrition	6-30-34

Other contributory causes of importance:

none

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Lawriston L. Kiser, M.D. M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

JUL 20 1934

Maria C. Haskell F 03330

M. D. B 1268-9

F 03330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Clara Haskell

(a) Residence: No. 2202 Cecil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph E. Haskell

6. DATE OF BIRTH (month, day, year) October 2, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Claus

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Josefine Wollenweg

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Joseph E. Haskell

(Address) 2202 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 7/22/34 19...

19. UNDERTAKER George J. Ruth Sons

(Address) 225 Abington Ave

20. DATE OF REGISTRATION L 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to July 19 1934.

I last saw h.. alive on July 19 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Left ovary.	
2. Metastases to pelvic organs.	
3. Carcinomatosis of peritoneum	
Other contributory causes of importance:	
1. Toxaemia	

Name of operation Laparotomy Date of 6-21-34

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M.M. Wennerholm M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

M. D. File No. F 03331 ✓ F 03331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 St. Paul Street St., 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Schwartz Hlavitzer

(a) Residence: No. 2427 St. Paul Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Rudolph Hlavitzer

6. DATE OF BIRTH (month, day, year) Nov. 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ~~hours~~ or ~~min.~~
66	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Schwertz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Mantz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. Rudolph Hlavitzer (Husb

(Address) 2427 St Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. July 21, 193

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED JUL 20 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from June - 25 1934 to July - 18 1934

I last saw her alive on July 18 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia - Exhaustion	
Gangrene Right leg	7/7/34
Other contributory causes of importance:	
Diabetese Mellitus	6/25/34

Name of operation Date of

What test confirmed diagnosis? Urinary Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Williana F. Schwartz M. D.

(Address) 1200 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03332

✓ F 03332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 N. Castle St. 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Melania Doebel

(a) Residence: No. 1745 N. Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 13th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3 4	24 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Balto Co.

FATHER

13. NAME Aloysius Doebl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Pomeis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Anna Doebel
(Address) 1745 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date 7/21 1934

19. UNDERTAKER E. J. Fanning & Son
(Address) 1918 E. Lafayette Ave

FILED JUL 21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to July 19 1934.

I last saw h.. alive on July 18 1934 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insuff. — Date of onset

Other contributory causes of importance:

Arteriosclerosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) D. W. Feeney M. D.

(Address) 1512 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03333

F 03333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH Standard Oil Building,

CITY OF BALTIMORE: (No. Courtland St. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ---mos.--- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elwood Peter.

(a) Residence: No. 5107 Springlake Way. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) February 23, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attendant at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gasoline Station.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas.

FATHER

13. NAME Cecil M. Peter.

14. BIRTHPLACE (city or town) (State or country) Kansas.

MOTHER

15. MAIDEN NAME Elsie Gildea.

16. BIRTHPLACE (city or town) (State or country) Minnesota.

17. INFORMANT Cecil M. Peter. (father)
(Address) 5107 Springlake Way.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Cem Govans Date Sat July 21 1934

19. UNDERTAKER Henry W. Jenkins & Sons Co
(Address) McCulloh & Orchard. St.

JUL 21 1934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull and multible fracture of bones of body.	
Occidental fall from 15th story of Standard Oil Building.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/19/34
Where did injury occur? Standard Oil Building.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry.
Manner of injury Fall from window.
Nature of injury Fracture of bones.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Weinhardt Coroner, M. D.
7/20/34 (Address) 1017 N. Charles St.

M. D. F 1208-9

F 03334 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03334

CERTIFICATE OF DEATH

X 93-004

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on Arrival at St. Joseph Hospital St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie Pitts

(a) Residence: No. ... Brooklyn St., N.Y. Ward. Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1883

7. AGE. 51	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase, Md

FATHER

13. NAME George Lee

14. BIRTHPLACE (city or town) (State or country) Chase Md

MOTHER

15. MAIDEN NAME Sarah Parks

16. BIRTHPLACE (city or town) (State or country) Chase Md.

17. INFORMANT Annie Quickley
(Address) 1703 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/31 19 34

19. UNDERTAKER Raynor Sanders
(Address) 1443 E. Preston St

JUL 21 1934 Hunter-Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner M. D.

(Address) 508 E. Monument

M.D.H. 103-9

03335

F 03335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 4 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Nellie M. Fauncy

(a) Residence: No. Faun Grove, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Faun Grove Pa.

FATHER

13. NAME R. Smithers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Amos

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul Cemetery Hartford Co. Md. Date July 23 1934

19. UNDERTAKER Paul K. Hackersley
(Address) New Freedom Pa

20. FILED JUL 21 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1934 to 7/21/34, 19

I last saw her alive on 7/21/34, 19 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Appendiceal abscess	4/17/34

Other contributory causes of importance:

Fecal fistula

Name of operation Incision, drainage Date of 4/18/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J E Prata, M. D.

(Address) Md Gen Hosp

V 53 OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03336

F 03336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — PENNINGTON AVE, Curtis Bay 51 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2609 ~~Hawkins Pt Rd~~ St., 25-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Frederick Hahn Pennington Ave

(a) Residence: No. 2609 ~~Hawkins Pt Rd~~ St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Matilda Hahn

6. DATE OF BIRTH (month, day, year) — April 19 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore Maryland

FATHER

13. NAME — Not known

14. BIRTHPLACE (city or town) (State or country) — Not known

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMANT — Louis Hahn
(Address) 2609 Pennington Ave Curtis Bay

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 23. 1934

19. UNDERTAKER — John F Denny
(Address) 915 Light St

Registered ... 19 ...

JUL 21 1934

Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from January . 1934 to July 20 . 1934

I last saw him alive on July 17 . 1934 Death is said to have occurred on the date stated above, at 11:50 Am.

The principal cause of death and related causes of importance were as follows:

Malignancy of the Prostate Gland — with metastasis to liver and G.I. Tract and G.U. Tract —

Date of onset: 1931 / June 1934

Other contributory causes of importance:

Cardio-Vascular Arterio-Sclerotic Disease —

Name of operation — None — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas Lufkin, M. D.

(Address) 530 Cathyssus Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Liberty Heights St. 28-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Reese

(a) Residence: No. 3301 Liberty Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Thomas S. H. Reese

6. DATE OF BIRTH (month, day, year) Aug 8 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmount Somerset Co Md

FATHER

13. NAME Tolin F. White

14. BIRTHPLACE (city or town) (State or country) Fairmount Somerset Co Md

MOTHER

15. MAIDEN NAME Estelle Shores

16. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

17. INFORMANT Thomas S. H. Reese

(Address) 3301 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL Fairmount Md Date July 22 1934

19. UNDERTAKER Thos. S. Blake

(Address) 742 W. North ave

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1934, to July 21, 1934

I last saw he alive on July 20, 1934 Death is said to have occurred on the date stated above, at 12-30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystectomy - Adenoma	1926
Other contributory causes of importance: Cerebral hemorrhage	7/13/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did Injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Jones M. D.

(Address) 7206 North ave

JUL 21 1934

Huntington Williamsport Pa

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03338

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03338

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH God Shepherd General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 ..... Ward) 1 4 61

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Hardy

(a) Residence: No. 508 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME Charles Edward Roberts

14. BIRTHPLACE (city or town) (State or country) Howard Co., Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Jennie Jason

(Address) 426 Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn cemetery Date 7/21 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

FILED JUL 21 1934 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/18 1934 to 7/19 1934

I last saw her alive on 7/19 1934. Death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	7/18/34
Hypertensive Cardiovascular renal disease	Unk
Terminal Pneumonia	7/18/34

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

OCCUPATION is very important. See instructions on back of certificate.

F 03339

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03339

CERTIFICATE OF DEATH

V 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 S. Ellwood Ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Schmidt

(a) Residence: No. 142 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph H. Schmidt

6. DATE OF BIRTH (month, day, year) May 14, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Caspar Schmidt

14. BIRTHPLACE (city or town) (State or country) not known Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Joseph H. Schmidt

(Address) 142 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date July 22, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC.

(Address) Baltimore & [illegible]

JUL 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13 1934 to July 19 1934

Last saw her alive on July 19 1934 Death is said to have occurred on the date stated above, at 9 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	July 13 34
Cardiac Syncope	July 17 34

Other contributory causes of importance: Carcinoma Uteri

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) [illegible] M. D.

(Address) 610 S. Ellwood Ave.

V S 3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F. 1268-9

F 03340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03340

V 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Carey St. 19-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Yonse

(a) Residence: No. 14 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 59

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Yonse

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie M. Stanton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edmund M. Sayer
(Address) 14 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 23. 1934

19. UNDERTAKER Vernon Kellner
(Address) 1332 Columbia

JUL 21 1934

19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 - 1934 to July 20th 1934 last saw h[illegible] alive on July 20th 1934. Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	18 mos ago
Other contributory causes of importance: mitral regurgitation myocarditis	4 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. Pirok, M. D.

(Address) 2202 W North Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

F 03341 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03341

CERTIFICATE OF DEATH.

108 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Carrollton Av St. 18-01 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Bunnie Johnson.

(a) RESIDENCE NO. 416 Carrollton Av St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced? (write the word)
Male	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Johnson

6 DATE OF BIRTH (month, day, and year) 2-11-92

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Md.

PARENTS

10 NAME OF FATHER: Nicholas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jannie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Sadie Johnson

(Address) 416 E Carrollton Ave

15 Filed ... 19... Registrar

L 21 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19-1934

17 I HEREBY CERTIFY, That I attended deceased from 7-14-1934, to 7-19-1934.

that I last saw him alive on 7-16-1934

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Acute dilatation of heart.

(duration) yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Carlton M. D.

7/20 1934 (Address) 600 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western star Cemetery

DATE OF BURIAL: July 21, 1934

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

F 03342

03342 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 51

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 416 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Brown

(a) Residence: No. [illegible] James Road St., ... Ward. Cockeysville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Betty Brown

6. DATE OF BIRTH (month, day, year): March 1,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): [illegible] Virginia

FATHER

13. NAME: John Brown

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Margaret Brown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Bettie Brown

(Address): [illegible] Spring Road Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Star Date: July 22, 1934

19. UNDERTAKER: Mrs Katie R. Williams

(Address): 322 N Schroeder St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-18-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-16-34. 19..... to 7-18-34. 19.....

I last saw h... alive on 7-18-34. 19.. Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	
Coronary Thrombosis,	
Other contributory causes of importance: C-V. Disease.	7-16-34

Name of operation: [illegible] Date of: [illegible]

What test confirmed diagnosis: [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Thrush M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03343 Nathaniel Grose F 03343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 21-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathaniel Grose

(a) Residence: No. 909 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1906

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
28	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Hezekiah

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anne Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7-23 34

19. UNDERTAKER James astarita
(Address) 1,42 W. Hull St

20. FILED ..... 19 ..... Registrar.

JUL 21 1934 Huntington, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16 1934 to July 18 1934

I last saw him alive on July 18 1934 Death is said to have occurred on the date stated above, at 2.16 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease Cause c aortic insufficiency Myocardial Insufficiency c congestive failure	7 wks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Hagner M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 03344 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03344

CERTIFICATE OF DEATH

56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Penrose Ave. Ward) 20-01

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frederick Stockton

(a) Residence: No. 2004 Penrose Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Elsie Stockton

6. DATE OF BIRTH (month, day, year): Oct 25 1884

7. AGE: Years 49, Months 9, Days 25. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lunch Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James Stockton

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary McElroy

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Mary Stutsman
(Address) 2004 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Relay Cem. Date 7/23 19 34

19. UNDERTAKER: Boyce & Staley
(Address) Fulton near Lafayette Ave

FILED 19

JUL 21 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21 1934 to July 20 1934

I last saw him alive on July 20 1934. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	1932?
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Name of operation None. Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel E. Wolfe M. D.

(Address) 1331 E. North Ave

M. D. B 1268-9

F 03345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03345

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Ashland Ave St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Howard

(a) Residence: No. 1109 Ashland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 19/1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Apr/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Goldsboro. N.C.

FATHER

13. NAME Frank Howard

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Patsy Rouse

16. BIRTHPLACE (city or town) (State or country) Goldsboro, N.C.

17. INFORMANT Patsy Howard
(Address) 1109 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Goldsboro NC Date July 21 1934

19. UNDERTAKER Robert L. Wilkins
(Address) 1515 McElderry St

JUL 21 1934 [illegible] Wilkins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 18/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	??

Other contributory causes of importance:

Probably metastsis to mesentary	??

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 508 E [illegible]

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

M. D. B. 1268-9

F 03346

03346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1352 W. North Avenue St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Thomas H. Sheehan

(a) Residence: No. 1352 W. North Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --------

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas H. Sheehan

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Sarah Connelly

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Neal Sheehan

(Address) 2513 Dulaney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 7/23 1934

19. UNDERTAKER Kenly A. Mealey & Son

(Address) 605 N. Calvert St.

FILED JUL 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to July 19 1934

I last saw h[illegible] alive on July 19 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerosis of Liver	
And Ascites	
Other contributory causes of importance:	
Chr. Alcoholism	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so,

(Signed) [illegible] M. D.

(Address) 703 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 03347

F 03347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Scott

(a) Residence: No. 106 Low St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, year) 1866 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Winfield Scott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 7/21 19

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Light St

Date 19 Signature of Undertaker

Registrar

JUL 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1933 to July 18 1934

I last saw h alive on July 18 1934 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	?
Coronary occlusion	Terminal

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

F 03348

03348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3132 Harford Road St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARTHA E. MEUSHAW

(a) Residence: No. 3132 Harford Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Meushaw

6. DATE OF BIRTH (month, day, year) Sept. 28th. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Herman Shaw

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elisa Ogelvila

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Thomas H. Meushaw

(Address) 3132 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 23 1934

19. UNDERTAKER Chas F. Traul & Son

(Address) 118 W. Pt. Royal Ave.

19 [illegible]

JUL 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jult 20th. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20th 1934 to July 20 1934

I last saw h[illegible] alive on July 20 1934 Death is said to have occurred on the date stated above, at 12 45 p m.

The principal cause of death and related causes of importance were as follows:

Uremia Cystitis. — Date of onset May 24

Other contributory causes of importance:

Coma — May 1

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 03349 F 03349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 51

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hosp. ST. 14-21 WARD)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Smith

(a) RESIDENCE No. Monkton, Md ST. WARD Monkton Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Doretta Smith

6 DATE OF BIRTH (month, day, and year) April 18, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 698

(b) General nature of industry, business, or establishment in which employed (or employer) Harness Maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Faust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Doretta Smith
(Address) Monkton, Md

15 JUL 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1934

17

I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to July 21, 1934

that I last saw h alive on July 21, 1934

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the prostate

(duration) yrs. mos. ds.?

CONTRIBUTORY (Secondary) Acute cardiac dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of 7-15-34

Was there an autopsy? no

What test confirmed diagnosis? Negative.

(Signed) J. Ewen Moore M. D.

.19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Monkton Cemetery — DATE OF BURIAL July 23 1934

20 UNDERTAKER P. Mackline Sons — ADDRESS White Hall Md

CAUTION is very important. See instructions on back of certificates.

M. P. B. 1269 F 03350 / F 03350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 3613 Hayward ave, St. 27-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME David Schneeberger,

(a) Residence: No. 3613, Hayward ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E Schneeberger

6. DATE OF BIRTH (month, day, year) April 21-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal & Hull

10. Date deceased last worked at this occupation (month, day, year) June 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Mr. Louis Schneeberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilma Wertheim

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary E Schneeberger
(Address) 3613 Hayward ave

18. BURIAL, CREMATION, REMOVAL
Place London Park Date July 23. 1934

19. UNDERTAKER Wm Cook & Sons
(Address) 1217 W Baltimore St

FILED JUL 22 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1934 to 7-20 1934

I last saw him alive on July 20 1934 Death is said to have occurred on the date stated above, at 9 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adhesive Pericarditis	1923
Cardiac Hypertrophy	1928
Necrosis of Heart Muscle (? Malignancy?)	1934
Cardiac failure	July 1934
Other contributory causes of importance:	
Cachexia	
Pulmonary Edema	7/20/34

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas P Hayes M. D.

(Address) 3326 Greenmount Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. P. [illegible]

F 03351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03351

CERTIFICATE OF DEATH

46

Home for the Aged.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers ST. 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Louisa Sagle

(a) RESIDENCE NO. Home for the Aged of the M.E. Church

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

6 If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Sept 26th 1863

7 AGE: Years 70 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Matron

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B & O R.R.

9 BIRTHPLACE (city or town) (State or country): Montgomery Co Md

PARENTS

10 NAME OF FATHER: John Purdum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Montgomery Co Md

12 MAIDEN NAME OF MOTHER: Sarah Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Montgomery Co Md

14 Informant: Miss Trott

(Address) 2211 Rogers Ave

15 Filed JUL 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21. 34

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1934 to July 21, 1934

that I last saw her alive on July 20, 1934

and that death occurred, on the date stated above, at 12 10 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) — yrs. 6 mos. ∂ ds.

CONTRIBUTORY (Secondary): Duanbon

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of ∂

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George C Shannon, M. D.

7/21, 1934 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: July 23rd 1934

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

M. D. B. 1268-9

F 03352

F 03352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 84-002

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvia Marie Markland

(a) Residence: No. Boring Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) June 23, 1934

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Boring, Md.

FATHER

13. NAME Harry Linton Markland

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Wiona Gill

16. BIRTHPLACE (city or town) (State or country) Boring Md.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Grove Date July 25, 1934

19. UNDERTAKER J. E. Cline & Bro.

(Address) Westminster Md

JUL 22 1934 ..., 19.. ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-17-, 1934 to 7-22-, 1934

I last saw her alive on 7-22-, 1934 Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mastoiditis, right	7-3-34
Other contributory causes of importance: Lateral sinus thrombosis, right	7-17-34

Name of operation Mastoidectomy, right Date of 7-18-34

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Proctor, M. D.

(Address) Med. Rec. Hosp.

M. D. B. 1268-9

F 03353

F 03353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 West Franklin St. 20-01 Ward)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie R. Hoxen

(a) Residence: No. 2618 West Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. H. Hoxen

6. DATE OF BIRTH (month, day, year) Dec 21 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 20

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Torney Town Md

FATHER

13. NAME Joseph C Stonesifer

14. BIRTHPLACE (city or town) (State or country) Silvertown Md

MOTHER

15. MAIDEN NAME Catherine C Miller

16. BIRTHPLACE (city or town) (State or country) Silvertown Md

17. INFORMANT Retta Ellenoff

(Address) 2618 West Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Valley Westminster Date July 22 1934

19. UNDERTAKER Towell & Byers Inc.

(Address) 2524 Edmondson Ave

Filed ..... 19..... Registrar.

JUL 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13 1934 to July 20 1934

I last saw her alive on July 20 1934 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio Vasc. Disease	
Chronic nephritis	
2 Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Hamilton M. D.

(Address) 3330 Lanvale Ave

M. H. F. 1288 F 03354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03354

CERTIFICATE OF DEATH

√34

Registered No. 49-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Judson Pegram

(a) Residence: No. 1420 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Feb. 16, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Frank Pegram

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Jessie Wilson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Blackstone Va Date July 22nd 1934

19. UNDERTAKER A. Jones (Address) 111 S. Gilmor st

[illegible] 19 [illegible] Registrar.

JUL 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14 1934 to July 21 1934

That I saw him alive on July 21 1934 Death is said to have occurred on the date stated above, at 1:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aortic arch	?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Phagin, M. D.

(Address) Balt. City Hosp.

THE OCCUPATION IS VERY IMPORTANT. See instructions on BACK of CERTIFICATE.

M. D. F. 1935-9

F 03355

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03355

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Moorman

(a) Residence: No. 2705 Hoyo Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Joseph Moorman

6. DATE OF BIRTH (month, day, year) Aug. 13 '1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 71	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 11

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Scheider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Heideman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross C & C Co. Date July 23 34 19

19. UNDERTAKER Maggard & Fluharty
(Address) 1104 N. Eutaw St

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/16 . 1934 to 7/19 . 1934

I last saw her alive on 7/19 . 1934. Death is said to have occurred on the date stated above, at 11 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	
Uremia	
Other contributory causes of importance:	
none	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. M. Warman . M. D.

(Address) Mercy Hospital

F.D. F 03356 ✓ F 03356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Bernstein

(a) Residence: No. Sinai Hospital St., 3728 Cottage Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
newborn	–	–	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph Bernstein

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Hattie Mosca

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT (Father) Joseph Bernstein

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med. College Date July 21, 19 34

19. UNDERTAKER [illegible]

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of the newborn	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) U. Janney, M. D.

(Address) Sinai Hospital

Very important. See instructions on back of certificate.

M.D. B. [illegible] F 03357? Mrs. Frances (Michalska) Smiarowski ✓ F 03357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. (Ward) 1-C
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Mrs. Smiarowski

(a) Residence: No. 2211 Winterlink Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walenty Smiarowski

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Boncek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ambrozewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Trochimowicz
(Address) 1417 Sandrea St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary cem Date July 23 1934

19. UNDERTAKER John M Webey
(Address) 1240 E Chester St

20. July 22 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 (4th) 1934 to July , 19 .
I last saw h[illegible] alive on July 20 1934. Death is said to have occurred on the date stated above, at 6.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arterio-sclerosis	7/19/34
Cerebral Hemorrhage	"
Rt. Hemiplegia, aphasia, & hyperpyrexia & coma	"
Uremia.	

Other contributory causes of Importance:

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. Gratton M. D.
(Address) 612 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 03358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hosp St. 72-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Denian Patizke

(a) Residence: No. 401 W 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ? (Sep)

6. DATE OF BIRTH (month, day, year) Oct 31, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Dnd. July 22 1934

19. UNDERTAKER John Gochenauer 420 S. Paca St.
(Address)

20. [illegible] 19 [illegible] Registrar.

JUL 22 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934 to July 20, 1934
I last saw him alive on July 20, 1934 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphoid Leucemia (Chronic)	1 yr.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagid M. D.

(Address) Balt. City Hosp.

M. D. F. 1868-9

F 03359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03359

66-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cermak

(a) Residence: No. 1610 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Cermak

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Bohemia
(State or country)

FATHER

13. NAME Joseph Mares

14. BIRTHPLACE (City or town) Bohemia
(State or country)

MOTHER

15. MAIDEN NAME Marie Mares

16. BIRTHPLACE (City or town) Bohemia
(State or country)

17. INFORMANT James Cermak
(Address) 1610 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date July 23, 1934

19. UNDERTAKER William Falkowski
(Address) 1618 Eastern Ave

JUL 22 1934

, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/13, 1934 to 7/19, 1934

I last saw h alive on 7/19, 1934 Death is said to have occurred on the date stated above, at 10 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac failure	

Other **contributory causes** of importance:

Hyperthyroidism

Name of operation Thyroidectomy Date of 7/12/34

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Weinman, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 03360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03360

CERTIFICATE OF DEATH

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 15-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Fleming

(a) Residence: No. 3007 Oakford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma J.

6. DATE OF BIRTH (month, day, year) Jan 22 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	68	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Fleming

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas Rinehart
(Address) 3007 Oakford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date July 24, 1934

19. UNDERTAKER Loyal Eyler
(Address) 1600 W. North Ave

20. FILED 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Acute Nephritis	

Other contributory causes of importance:
Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Steiner M. D.
Coroner

(Address) 1305 E. Fallsway

M. D. B. 1918-9

F 03361

F 03361

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dead on arrival at. CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH John Hopkins. Hosp.

CITY OF BALTIMORE: (No. ~~1618 Gough St~~ St. 3-01 (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lucas

(a) Residence: No. 1618 Gough St St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — child

6. DATE OF BIRTH (month, day, year) Nov.28.1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredricks.Burg Virginia

FATHER

13. NAME George Lucas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rose Mae Rogers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Rose Lucas(Mother)
(Address) 1618 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date July23 34

19. UNDERTAKER Zitz & Zitz
(Address) [illegible]

JL 22 1934 Funeral Home Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19/34

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on , 19 Death is said to have occurred on the date about noon m.

The principal cause of death and related causes of importance were as follows:

Date of onset 7/19/34

Drowned

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: probably accidental
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place City harbor at foot of Bond St

Manner of injury

Nature of injury (Bone dry burial)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

M. D. P. 1936 E 033362

E 03362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 3361 (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustave Heck

(a) Residence: No. Eastern Ave & Spring St., 3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) March 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm W.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Steffin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date July 23rd 34

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 403 S. Wolfe St.

20. FILED JUL 22 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to July 20, 1934

I last saw him alive on July 20, 1934 Death is said to have occurred on the date stated above, at 5 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic & irregular fibrillation and myocardial insufficiency	4 yrs
Bronchopneumonia	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T P Magiel, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 26 F 03363 ✓ F 03363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25-81 St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Potts (Maggie Olivia Ports)

(a) Residence: No. Charleston Ave Lansdowne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MF	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William A Ports

6. DATE OF BIRTH (month, day, year) Oct 11 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Lancaster Co

FATHER

13. NAME John L Frees

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Gark

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William A Ports
(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 24 1934

19. UNDERTAKER Geo W Boyle & Son
(Address) 1003 W Balto St

UL 22 1934 Hunter-Miller N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4 1934 to July 22 1934

I last saw her alive on July 22 1934 Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Diabetic gangrene leg	6/34

Other contributory causes of importance:

Name of operation Amputation Date of 7/19/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Damian S. Adams M. D.

(Address) 3316 Fredericksburg

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

F 03364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03364

93-003

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. 11-01 Ward)

2-FULL NAME Daniel T. Hanley

(a) RESIDENCE NO. 1331 Mt. Royal Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine F. Hanley

6 DATE OF BIRTH (month, day, and year) January 5, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Antique Furniture Dealer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel T. Hanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Quigley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Catherine Hanley

(Address) 1331 Mt. Royal Ave.

15 July 22 1934 Washington Hill Undertaker

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above and an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) H. Polk M. D.

(Coroner)

, 19 (Address) North Ave & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Long Green, Md. Date of Burial July 23 34

20 UNDERTAKER Joseph A. Cook ADDRESS 1003 West Baltimore St.

F 03365

M. D. R. 1268-1

F 03365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Edmondson Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Durborow

(a) Residence: No. 3322 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin R. Durborow

6. DATE OF BIRTH (month, day, year) Nov. 30, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George's Co. Md.

FATHER

13. NAME John Gardner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Abirella Suit

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Rachel A. Hooper
(Address) 3322 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date July 23, 34

19. UNDERTAKER George F. Smith
(Address) 1700 Eutaw Place

JUL 22 1934 Registered by Eugene Williams, Jr.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to July 20 1934

I last saw her alive on July 21, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of liver — Date of onset

for 4 yrs

Other contributory causes of importance:

Anemia

Name of operation None Date of

What test confirmed diagnosis? Clinical and autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of Injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Evans M. D.

(Address) 612 N 40 St

M. D. F. 58-9 F 03366 ✓ F 03366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2059 Kennedy Ave. St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Martha Louisa Schad

(a) Residence: No. 2059 Kennedy Avw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James E. Schad

6. DATE OF BIRTH (month, day, year) July 23 18 58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME James A. Biddison

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha J.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louise Schad
(Address) 2059 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery July 23 34

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Huntington Williams, Registrar.

JUL 22 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19.34 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 . 1934 to July 19 . 1934
I last saw her alive on July 19 . 1934 Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Sclerosis	
general & cerebral	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry E. Hyde, M. D.
(Address) 1100 E. North Ave.

M. D. B. 1268 F 03367 ✓ F 03367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Linden Ave. St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise T. Hobbs

(a) Residence: No. 1211 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of William T. Hobbs

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William H. Ryan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary E. Harrison

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT William T. Smoot
(Address) 1211 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. July 23, 1934

19. UNDERTAKER John Ornitsheil
(Address) John O. Mitchell & Sons, Inc. 1900 Eutaw Place

20. FILED 19 Registrar

7-27-1934 Huntington Mitchell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-20 1934

22. I HEREBY CERTIFY, That I attended deceased from years 19 to July 20 1934
I last saw h alive on July 19 1934 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/19-34
Other contributory causes of importance: Cardio-Vascular Renal	5 yrs.

Name of operation None Date of

What test confirmed diagnosis? Hand Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanley McAleer M. D.
(Address) 1604 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265-a.

F 03368 ✓ F 03368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Eutaw Place St. 13-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Gustav Schapiro

(a) Residence: No. 2315 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Schapiro

6. DATE OF BIRTH (month, day, year) Nov. 12-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Adolph Schapiro

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Helen Schapiro (Wife)
(Address) 2315 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Township Date 7-22- 34

19. UNDERTAKER Jack Levine Inc
(Address) 1739 E. Balto. St.

20. [illegible] Registrar.

JUL 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1933 to July 21 1934
I last saw him alive on July 21 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease	Don't Know
Other contributory causes of importance: Acute Cardiac Dilatation	July 21 34

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton H. Cumming M. D.
(Address) 2310 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 520-9 F 03369 ✓ F 03369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 W. Cross St 21-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Hausman

(a) Residence: No. 439 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Hausman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosiery mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Epstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anthyn - Son
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date 7/22/34

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Oriole St

Filed 19 Registrar.

L221934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1934 to 7/20, 1934

I last saw her alive on 7/20, 1934 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Broncho Pneumonia 10 days	
Other contributory causes of importance: Complications Nil	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Hausman, M. D.

(Address) 1222 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1935-9

F 03370

F-03370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 186-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Billingsley Hayes

(a) Residence: No. 2851 Lake Avenue St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Hayes

6. DATE OF BIRTH (month, day, year) Feb. 19, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	1	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Billingsley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) (Unknown)

17. INFORMANT Mary A. Hayes (Daughter)

(Address) 2851 Lake Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date July 23, 1934

19. UNDERTAKER Geo. Ruth Jr.

(Address) 1731 Harford Ave.

FILED JUL 22 1934, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of brain	
Subdural Hemorrhage-left frontal	
Blood vessels sclerotic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/15/34

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury Fell on stairs 2nd to 1st floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Carter M. D.

Coroner

(Address) 108 E. Fayette

M. D. P. 1268-9

F 03371

F 03371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Spaulding Ave. St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Delker

(a) Residence: No. 3100 Spaulding Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Charles M. Delker

6. DATE OF BIRTH (month, day, year) May 5, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md,

FATHER

13. NAME Joseph Easter

14. BIRTHPLACE (city or town) (State or country) Md,

MOTHER

15. MAIDEN NAME Rosina E, Wieland.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles E. Delker
(Address) 3100 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 23, 34

19. UNDERTAKER Harry A Metzel
(Address) 4101 Edmondson Ave.

20. [illegible] 1934 [illegible]
(Registrar)

JUL 22 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to July 20th 1934

I last saw h[illegible] alive on July 19th 1934 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vasc. Disease	1930
Cerebral Hemorrhage	Feb. 1934

Other contributory causes of importance:

Cerebral Hemorrhage	July 1934

Name of operation — Date of —

What test confirmed diagnosis Clinical Findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Alex A Wanstocp M. D.

(Address) 460 PARK AVE

M. D. F. 3268 F 03372 ✓ F 03372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 52

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Pope

(a) Residence: No. Pocomoke City, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William J. Pope

14. BIRTHPLACE (city or town) (State or country) Worcester Co Md

MOTHER

15. MAIDEN NAME Margaret Butler

16. BIRTHPLACE (city or town) (State or country) Worcester Co Md

17. INFORMANT Mr Marion Pope

(Address) Pocomoke Md

18. BURIAL, CREMATION, OR REMOVAL Methodist Prod. Cem

Place Pocomoke Md Date July 22 1934

19. UNDERTAKER Vernon P. Stevenson

(Address) Pocomoke Md

21 JUL 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 . 1934 to July 22 . 1934

I last saw her alive on 7/22 . 1934 Death is said to have occurred on the date stated above, at 6 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanosarcoma Scalp. Metastasis to left parotid region	3 yrs - 1 year
Other contributory causes of importance: Hypostatic Pneumonia	7/20/34

Name of operation Excision of tumor Date of 7/19

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Dayman P. Adkins M. D.

(Address) 33 16 2nd Pocomoke

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1918-9

D.3373 2886 57

✓ F 03373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St. 7-01 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Jones

(a) Residence: No. Bay 21 St., ... Ward. Whiteford Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-14-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bertha Norris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Slate Ridge Date July 24 1934

19. UNDERTAKER H. E. Hopkins
(Address) Bel Air Md.

JUL 23 1934 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 1934 to July 22 1934
I last saw h.. alive on July 21 1934 Death is said to have occurred on the date stated above, at 2 30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Impetigo	7-16
Diarrhea	7-18
Otitis media	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was illness or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A Cunningham M. D.
(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. East Ave St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dorn

(a) Residence: No. 1019 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Dorn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Fritch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Dora Hamner

(Address) 1019 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date July 23, 193

19. UNDERTAKER George W. Zirkler

(Address) 1717 E. Eager St.

UL 23 1934 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. P. Hergrg M.D. M. D.

(Address) 1303 N. Patterson Park Ave

M. D. H. 1268-9

✓F 03375

03375 HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 13-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Duffy

(a) Residence: No. 214 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Duffy

14. BIRTHPLACE (city or town) (State or country) Cola Md

MOTHER

15. MAIDEN NAME Mary Riley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Duffy
(Address) 214 Union Ave

18. BURIAL, CREMATION, OR REMOVAL St Mary's Hampstead Date July 23/34

19. UNDERTAKER A S Marshall
(Address) Hampstead

FILED JUL 23 1934 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/19 1934 to 7/21 1934 Death is said I last saw him alive on 7/21 1934 to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Birth Injury Intracranial Hemorrhage	7/19

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lawrence L. Keyser M.D. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F 1268-9

F 03376

F 03376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lonsdale

CITY OF BALTIMORE: (No. Bellevue Emergency Hospital Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Louis Denkin

(a) Residence: No. Lonsdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woolen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sigmund Hurtman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Bellevue Emergency Hospital

18. BURIAL, CREMATION, OR REMOVAL. Place Mount Carmel Date 7-24-, 1934

19. UNDERTAKER Geo. Lewis & Co (Address) 1432 E. Baltimore St.

20. FILED JUL 23 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July-18-, 1934 to July-22-, 1934

I last saw him alive on July-22d, 1934 Death is said to have occurred on the date stated above at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 7/18/34

Other contributory causes of importance: Prostatic obstruction (Benign) about-34 Yrs

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Herman Seidel, M. D.

(Address) 2404 Eutaw Pl

PHYSICIAN is very important. See instructions on back of certificate.

M. D. F. 1268-0

03377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ GF 03377

X 210-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital. St. (Ward) 4-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Archie J. Jefferson.

(a) Residence: No. 1411 Green St. Harrisburg, Pa. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of [illegible] Mary Jefferson.

6. DATE OF BIRTH (month, day, year) June 25, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist, 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Kate Jefferson.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Bessie Logan.

(Address) 2529 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date July 23 1934

19. UNDERTAKER Charles J. McGrath

(Address) 505 N. Monroe St.

20. [illegible] Washington Wilkinson, [illegible]

JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed about the chest, internal injuries, Pulmonary Hemorrhage. Operating and overturning of automobile on slippery road.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/20/34 19

Where did injury occur? Feisterstown Rd and Mt. Falcon Lane.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public road.

Manner of injury Overturning of automobile

Nature of injury Internal injuries.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Steinhardt Coroner M. D.

(Address) 1017 E. Charles St. 7/21/34

M. D. H. 1934

03378

03378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Pentry St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Johnson

(a) Residence: No. 1702 Pentry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1917-

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Grace Sellers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alice Johnson
(Address) 1702 Pentry St

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date July 25, 1934

19. UNDERTAKER Adolph Hartstead
(Address) 952 Hollins St.

19. Lington Williams, M.D.

JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21/34

22. I HEREBY CERTIFY, That I attended deceased from May 30th 1934 to July 21st 1934

I last saw h alive July 18th 1934 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul. Tuberculosis	1930
Int.	

Other contributory causes of importance:

Complicated by intestinal trouble

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1261-9

F 03379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03379

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (St.) 11-al (Ward)

Length of residence in city or town where death occurred 4 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emanuel Krug.

(a) Residence: No. 438 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE — Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville S. C.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Herbert Williams
(Address) 945 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. S. Co. Date July 26, 1934

19. UNDERTAKER Undertaker Halstead
(Address) 952 Druid Hill Ave

FILED JUL 23 1934, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Aorta	2 months
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Falk Coroner, M. D.

(Address) Bromo

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 03380 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03380

CERTIFICATE OF DEATH

144-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.) BALTIMORE, MD. St., 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret C. King

(a) Residence: No. 224 N. Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Michael M.

6. DATE OF BIRTH (month, day, year) Oct 24-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~2~~ 41	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Vitus Koelbel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Dunlap

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Michael M. King

(Address) 224 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 20 1934

19. UNDERTAKER Martin E. Duffy & Co.

(Address) 323 Cathedral St.

JUL 23 1934

19a. FILED Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to July 21, 1934

I last saw her alive on July 21, 1934. Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uterine fibroid	
2. Pregnancy at term	
3. Post partum hemorrhage	

Other contributory causes of importance:

Name of operation Packing of uterus Date of 7-21-34

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Mueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03381

F 03381

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah L Dowery

(a) Residence: No. 1023 Jenkins Al St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of William Dowery

6. DATE OF BIRTH (month, day, year) 10 13 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Fallin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillian Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Dowery (Address) 1023 Jenkins Alley

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cem Date 7/25/34 19

19. UNDERTAKER Chas G Cooper (Address) 514 N. Calhoun St

19 Registrar.

JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance: Arterial Hypertension

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Peregoy M. D. Coroner

(Address) 1305 N Fallsway

M. D. B 1268-9

F 03382

HEALTH DEPARTMENT—CITY OF BALTIMORE

03382

CERTIFICATE OF DEATH

92-001

Registered No. 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Arlington St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Rebecca Cook

(a) Residence: No. 514 N. Arlington St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmal

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John H. Cook

6. DATE OF BIRTH (month, day, year): June 5 1852

7. AGE: Years 82 | Months 1 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wm J Cooper

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Adelaide Johnson

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Marie Gray 514 N. Arlington

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Date July 24, 1934

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 S Schroeder St.

JUL 23 1934

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Shock

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S E Linck M. D.

(Address) ... Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03383

F 03383

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvin L. Appleby.

(a) Residence: No. 1254 James St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 21, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	8	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William T. Appleby.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Daisy V. Parks.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Daisy V. Appleby. (mother)
(Address) 1254 James St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/23/ 1934

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

Huntington Williams
Registrar.

UL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Knocked down and run over by an automobile truck.	
Fracture of the skull and internal injuries.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiru Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/20/34 19...
Where did injury occur? James st. near Ostend.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public street.
Manner of injury Run over by auto truck
Nature of injury Fractured skull & internal injuries.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
7/21/34 (Address) 1017 E. Charles st. Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03384

F 03384

CERTIFICATE OF DEATH

X

139-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CARRIE NEWBELL

(a) Residence: No. ..... St., ... Ward. UPPERCO, MD.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of FETTER NEWBELL

6. DATE OF BIRTH (month, day, year) April 20-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lewis Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Algire

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Fetter Newbell

(Address) Upperco Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date July 25 1934

19. UNDERTAKER Edw. C. Tipton

(Address) Hampstead Md

19a. Registered ..... Huntington Williams, M. D. Registrar.

JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-13 1934 to 7-22 1934

I last saw her alive on 7-22 1934 Death is said to have occurred on the date stated above, at 10:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Uremia Liquida	
Nephritis Chronic	
Other contributory causes of importance:	
Partial Intestinal Obstruction	
Pulmonary Edema	
Bilateral Salpingo Oophorectomy	7-14

Name of operation SUPRAVAGINAL HYSTERECTOMY Date of 7-14

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

vs 3

M. D. B 1268-9

F 03385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03385

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., 19-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Nash

(a) Residence: No. 1721 Caird St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ollie Nash

6. DATE OF BIRTH (month, day, year): 1853

7. AGE: Years: 79 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: $40

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Bettie Scott
(Address): 1721 Caird

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cemetery Date: July 23, 1934

19. UNDERTAKER: Thomas E. Kelson
(Address): 1303 Pennsylvania St.

FILED 19.. Huntington West Virginia

JUL 23 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regulas Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Quick M. D.

(Address) Barboursville

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03386 F 03386

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Eastland Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Doran

(a) Residence: No. 1908 Eastland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 1934

22. I HEREBY CERTIFY, That I attended deceased from to , 1934

I last saw alive on , 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Cardiac Failure	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

Huntington Williamsville, N.Y.

V S 3

OCCUPATION is very important. See instructions on back of certificate.

THE CAUSE OF DEATH must be plainly written so that it may be properly understood. Each statement of

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

M F 03387

F 03387

CERTIFICATE OF DEATH

✓ 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Talbot

(a) Residence: No. 1612 Aisquith St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte, Mont.

FATHER

13. NAME Benjamin Talbot

14. BIRTHPLACE (city or town) (State or country) Butte.

MOTHER

15. MAIDEN NAME Mary Martinda

16. BIRTHPLACE (city or town) (State or country) Butte

17. INFORMANT Mary Talbot
(Address) 1612 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 25 1934

19. UNDERTAKER Enoch Gracelon
(Address) 906 Cleveland Ave

JUL 23 1934

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Unknown 19 .. to ..... 19 ....

I last saw h... alive on Unknown 19 .. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset .....

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/21 1934

Where did injury occur? Pulaski Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Not at work

Manner of injury Auto he was driving.

Nature of injury Fractured base of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) ..... Coroner M. D.

(Address) ..... Date .....

M. D. B. Reg. No. F 03388 — Wimbrow — F 03388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 53

1. PLACE OF DEATH Union Memorial Hospital — Registered No.

CITY OF BALTIMORE: (No.) St. 12-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter A. Wimbrow

(a) Residence: No. Wheatleyville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber mill

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

FATHER

13. NAME M. N. Wimbrow

14. BIRTHPLACE (city or town) (State or country) Salisbury Md.

MOTHER

15. MAIDEN NAME Laura Ward

16. BIRTHPLACE (city or town) (State or country) Salisbury

17. INFORMANT Wife
(Address) Same.

18. BURIAL
Place Wheatleyville Date July 23, 1934

19. UNDERTAKER George L. Whitehurst
(Address) 3149 Pinkney Ave Baltimore, Md.

20. FILED July 23, 1934 — [illegible] Registrar.

No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-20-34, 19, to 7-23-34, 19

I last saw him alive on 7-23-34, 19. Death is said to have occurred on the date stated above, at 9a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral tumor	
Post operative shock.	
Other contributory causes of importance:	
	none

Name of operation Craniotomy Date of 7-21-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) P. W. Paris, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. E-03389

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 10 03389

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ____ St., 11-84 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Harriet Woodley

(a) Residence: No. 527 Dolphin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, Divorced (write the word): Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year): unknown

7. AGE: Years 76? | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): unknown.

MOTHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

FATHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Balto City Hospt Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Cem Date 7/23/ 34

19. UNDERTAKER: Francey A. Hemsley

(Address) 578 W. Biddle St.

Filed 7-24 19 34 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-21 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-16 . 1934 to 7-21 . 1934

I last saw her alive on 7-20 . 1934 Death is said to have occurred on the date stated above, at 5.50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix — Date of onset ?

Other contributing causes of importance: Malnutrition ? Secondary anemia ?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ . 19 ____

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) T. Mugel . M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-9

F 03390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03390

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1949 W. North Ave. St 15-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice P. Jenkins

(a) Residence: No. 1949 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. Baltzell Jenkins

6. DATE OF BIRTH (month, day, year) May 10, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co., Va.

FATHER

13. NAME John Hathaway

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Adalenah K. Payne

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Maud Donovan

(Address) 1949 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 23, 1934

19. UNDERTAKER John H. Denny Sr

(Address) 715 Light St

20. Filed JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/4/34, 19.., to 7/20/34, 19.. I last saw h.. alive on 7/20/34, 19.. Death is said to have occurred on the date stated above, at 11.25 o. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremia Acute	7/33
Other contributory causes of importance: Cystitis	2 Yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry C. Hawkes M. D.

(Address) 1224 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

03391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03391

CERTIFICATE OF DEATH

V 79-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 18-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Holland

(a) Residence: No. 1206 Franklin St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rudolph Holland

6. DATE OF BIRTH (month, day, year) 12-24-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr Grant

14. BIRTHPLACE (city or town) (State or country) Mr Grant

MOTHER

15. MAIDEN NAME Mr Grant

16. BIRTHPLACE (city or town) (State or country) Mr Grant

17. INFORMANT Mrs Rose Rudolph Holland
(Address) 1206 Franklin Town Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem 7-24 1934

19. UNDERTAKER George T. A. Gilmore
(Address) 1330 Druid Hill Ave

Filed JUL 23 1934 Registrar

JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-17-34 . 19 . to 7-21-34 . 19

I last saw h alive on 7-21-34 . 19 . Death is said to have occurred on the date stated above, at 9:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	
Pneumococcic Septicemia	

Other contributory causes of importance:

Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) William Lyle Ross M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 03392

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03392

CERTIFICATE OF DEATH

V 31

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Parker
(a) Residence: No. 1937 Druid Hill Ward.
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): May 25, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): 2
11. Total time (years) spent in this occupation: ?, 240

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Alfred Parker
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Irene Badger
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs. Irene Parker
(Address) 1937 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL: Omega Cemetery 7-24-34
Place

19. UNDERTAKER: George T. A. Gibson
(Address) 1735 Druid Hill Ave

Filed JUL 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to July 20, 1934
I last saw him alive on July 20, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary	2/1934
Fistulae	

Other contributory causes of importance: Pneumonia Bronchio - 2 days

Name of operation: Excision Lung of 6/15/34
What test confirmed diagnosis: Surgical Examination Autopsy?: No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I Physician, M. D.
(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2[illegible] F 03393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03393

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. Duncan St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Rossman

(a) Residence: No. 7 N Duncan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JUL 22 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
				14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jos. L Rossman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Veronica McGovern

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jos M Rossman

(Address) 7 N Duncan

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Pleasant (Date July 23 1934)

19. UNDERTAKER Henry J Donnelly

(Address) East Balto Md

20. FILED [illegible] 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 22 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h[illegible] alive on JUL 22 1934 Death is said to have occurred on the date stated above, at 9:07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Birth (7 mos)	1 day
Other contributory causes of importance: Premature suction Anomaly Lung	7-21-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward L Good M. D.

(Address) 4137 Roslyn Ave

STATE CAUSE OF DEATH in plain terms. Indefinite or illegible answers may be returned for correction. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V-S 3

M. D. B. 1268-9

F 03394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03394

CERTIFICATE OF DEATH

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1062 Vine St

CITY OF BALTIMORE: (No. Balto Md St. 18-a1 Ward)

Length of residence in city or town where death occurred 4 days yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Stevens

(a) Residence: No. 1062 Vine St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-17-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4 days			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Milton Stevens

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Irenetta Stevens

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Irenetta Stevens
(Address) 1062 Vine

18. BURIAL, CREMATION, OR REMOVAL
Place Union Mem Date July 23 19 34

19. UNDERTAKER [redacted]
(Address)

[illegible] Washington Funeral Home, Inc.

JUL 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21- 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-17-34 to 7-21-34 19

I last saw him alive on 7-20-34 19 Death is said to have occurred on the date stated above, at 7:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	7-17-34

Other contributory causes of importance:

mothers keeping and working too hard

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. R. Boyd M. D.

(Address) 1512 N. Gilmor St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M & T.—250 Blks

F 03395

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03395

CERTIFICATE OF DEATH.

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1917 E. Biddle ST., 8-01 WARD)

2-FULL NAME Baby Tyler

(a) RESIDENCE No. 1917 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 21 34

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Leon Tyler

11 BIRTHPLACE OF FATHER (city or town) Columbia S.C.
(State or country)

12 MAIDEN NAME OF MOTHER Mabel Jackson

13 BIRTHPLACE OF MOTHER (city or town) Richmond Va.
(State or country)

14 Informant
(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 34

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1934. to July 21, 1934.

that I last saw h alive on July 21, 1934.

and that death occurred, on the date stated above, at 11:35 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Plus Exam.

What test confirmed diagnosis?

(Signed) Wm. L. Bailey, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL July 23 19 34

20 UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificates.

Filed July 23 1934 Registrar

M. D. B. 1268-9

F 03396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03396

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Baby Charles

(a) Residence: No. Burners Station St., ...Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) ....

FATHER

13. NAME Isaac B. Charles

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Grace Jordan

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT ....

(Address) ....

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Medical Date July 13, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19[illegible] [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1934 to July 10th, 1934

I last saw h[illegible] alive on July 10th, 1934. Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	July 10th

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) John M. Pierce, Jr. M. D.

(Address) [illegible]

V.S. 3 OCCUPATION is very important. See instructions on back of certificate.

L 23 1064 0.34

M. D. F. 126

F 03397

F 03397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5012 Sipple ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wilhelm

(a) Residence: No. 5012 Sipple ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Wilhelm

6. DATE OF BIRTH (month, day, year): April 15 th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Street cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 11 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Charles Wilhelm

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Katherine Emerich

(Address): 5012 Sipple Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date July 24 19 34

19. UNDERTAKER: John Cullen

(Address): 2000 Eutaw

20. FILED [illegible] 19 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21, 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 6, 19 34, to July 21, 19 34

I last saw h.. alive on July 6 Death is said to have occurred on the date stated above, at 5 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteria Sclerosis	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 3268-9

F 03398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03398

93-003

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ~~1216~~ ~~1218~~ N Luzerne St., 8-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Orlando L Smith Sr

(a) Residence: No. 1216 N Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A Smith

6. DATE OF BIRTH (month, day, year) Aug 2 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Caroline Tolson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Mary A Smith 1216 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 24 19 34

19. UNDERTAKER (Address) John Ullrich 2008 Orleans St

20. FILED JUL 24 1934 (Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1933, to July 21, 1934
I last saw him alive on July 21, 1934 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Myocarditis	Dec. 13, 1933.
Other contributory causes of importance: Arterio-sclerosis and hypertension	Dec. 13 1933

Name of operation None Date of
What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None

(Signed) Frank N. Ogden M. D.
(Address) 2701 N. Calvert St.

M. D. B-1268-9

F 03399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03399

131

CERTIFICATE OF DEATH

6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Monument St., 701 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rudolph G Ha bicht Habicht

(a) Residence: No. 2308 Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Habicht

6. DATE OF BIRTH (month, day, year) Mar 30 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul Habicht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Antonette Jungblutt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Wilhelmina Habicht 2308 Monument

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date July 24 34

19. UNDERTAKER John Ullrich (Address) 2008 Orleans St

JUL 23 1934

Hunting & Mathews, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934 to July 21, 1934

I last saw him alive on July 21, 1934 Death is said to have occurred on the date stated above, at 3:28 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia (July 19-1934)	July 19 34
chronic nephritis	2 yrs
arterio-sclerosis	2 yrs
arterial hypertension	2 yrs.
Other contributory causes of importance: Parkinsonian tremor	2 yrs.

Name of operation None Date of —

What test confirmed diagnosis? Usual tests Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Krumeich M. D.

(Address) 722 N. Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03400

CERTIFICATE OF DEATH

7 V 50

Registered No. 03400

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Wilkens + Caton Ave St. 25-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harriett Gott

(a) Residence: No. R F D Box 44, Annapolis, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edwin Gott

6. DATE OF BIRTH (month, day, year) Feb 14 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Matilda Dun

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs E Gott
(Address) 1659 N Gaylord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date July 25 1934

19. UNDERTAKER Davis Sondheimer & Son
(Address) 1802 Eutaw Pl

20. FILED July 25 1934 Huntington W. Jones, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1934 to July 22 1934

I last saw h[illegible] alive on 7/22/34 19 Death is said to have occurred on the date stated above, at 6 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left breast Metastasis to Lung	5 yrs 1 yr
Other contributory causes of importance: Prostatic Pneumonia Cardiac Failure	7/20/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Duncan P. Gla[illegible] M. D.

(Address) 3366 Ridgewood Ave

Spec. 8-16-29 L. F 03401 F 03401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH Balto, Md

CITY OF BALTIMORE: (No. 1225 Valley St ST. 10-01 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs William Holdefer (Joanna A.)

(a) RESIDENCE NO. 1225 Valley ST ST., WARD 10-th
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of William Holdefer

6 DATE OF BIRTH (month, day, and year) Dec 20, 871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Healy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Limerick Ireland

12 MAIDEN NAME OF MOTHER Joanna Stack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cork Ireland

14 Informant Mary E A Connolly (niece)

(Address) 1225 Valley St.

15 Filed Huntington Maryland, 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1934

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1934 to July 22, 1934, that I last saw her alive on July 22, 1934 and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Myocardial Degeneration

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis generalized

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T J Geraghty, M. D.

19 (Address) Blackstone Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 7/24 1934

20 UNDERTAKER Henry U. Dodds & Son

ADDRESS 1005 N. Calvert

- Important. See instructions on back of certificate.

M. D. 1276-3

F 03402

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03402

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Eaton Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charles Wood Taylor

(a) Residence: No. 706 Eaton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane Frances Taylor

6. DATE OF BIRTH (month, day, year) March 9-1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Statistician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year) 5 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Charles Taylor

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Amelia Bell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Jane F. Lee 706 Eaton Ave
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date July 25 1934

Place

19. UNDERTAKER Fortenbaker Funeral Home
(Address) Baltimore Md

20. FILED JUL 29 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to July 23 1934

I last saw h alive on July 22nd 1934 Death is said to have occurred on the date stated above, at 3:50 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Pyelonephritis (Lobar)	7
Other contributory causes of importance: Hypertension	4 years

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stevens Burns M. D.

(Address) 5 Club Rd

OCCUPATION is very important. See instructions on back of certificate.

F 03403

M. D. P. 1268-9 Dr. Nicholson 3018 Elwood ave

F 03403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S Robinson St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. King

(a) Residence: No. 232 S Robinson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary E. King

6. DATE OF BIRTH (month, day, year) Feb 27 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME John Sines

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry King

(Address) 2324 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 24 19 34

19. UNDERTAKER Franklin Funeral Co

(Address) 709 W 33rd St

20. FILED July 24 19 34 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 19 34 to July 19 19 34

I last saw h alive on July 19, 1934 Death is said to have occurred on the date stated above, at 4:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the rectum & Bowel	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lost M Sher M. D.

(Address) 3018 Elwood ave

OCCUPATION is very important. See instructions on back of certificate.

M. B. B. F 03404

F 03404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Evergreen Ave St., 27-21 Ward)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myrtle G. Jones

(a) Residence: No. 3203 Evergreen Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

Aberdeen Hamilton Co (Harford Co)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Norman H. Jones

6. DATE OF BIRTH (month, day, year) Apr. 19 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Snyder

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Norman H. Jones

(Address) 3203 Evergreen Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland. Date 7/24 193

19. UNDERTAKER I. F. Mc Cully

(Address) 130 E. Fort Ave.

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to July 21 1934

I last saw h... alive on July 20 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	7/15/34
Other contributory causes of importance: Empyema-Lung Sepsis.	7/15/34

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. F. Mc Cully M. D.

(Address) 130 E. Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

Spec.—2-29-28—L. F. S.—500 Bks.

F 03405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03405

95-062

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1200 N. Bentalow St. (WARD) 15 W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma L. Eichelberger

(a) RESIDENCE NO. 1548 Moreland Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Eichelberger

6 DATE OF BIRTH (month, day, and year) May 13-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	70	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John Henry Painter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Munich Germany

12 MAIDEN NAME OF MOTHER Barbara Lotz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Pennsylvania

14 Informant Mrs. Ruth L. Burnes

(Address) 1548 Moreland Ave

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22-34

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to July 22, 1934.

that I last saw h.. alive on July 22, 19....

and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) J. T. Kyser, M. D.

, 19 (Address) 3-37 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Cemetery Carroll Co. Md. DATE OF BURIAL July 25 1934

20 UNDERTAKER Ellis S. White ADDRESS 2532 Madison Ave

Important: See instructions on back of certificate.

M. D. B. 1268-9

03406 HEALTH DEPARTMENT—CITY OF BALTIMORE 03406

CERTIFICATE OF DEATH

Registered No. 88653

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-96 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William V. Harding

(a) Residence: No. Laurel, Maryland St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Caroline V. Harding

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Harding

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Fullerton Md Date July 25 1934

19. UNDERTAKER Lloyd Rauch (Address) Laurel Md

20. FILED July 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934 to July 23, 1934

I last saw h alive on July 22, 1934. Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy,	
began	1933
Cystitis & Pyelitis	July
	1933
Terminal Bronchial Pneumonia	7/22/34

Other contributory causes of importance: Chronic arteriosclerotic nephritis. Stenosis of cerebral arteries

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Hull, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

F 03407

F 03407

28753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Faringer

(a) Residence: No. 1702 E North ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-18-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Faringer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rebecca Blake

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cems. Date 7/24/34 19

19. UNDERTAKER Stewart & Morgan Co.

(Address) 68-d-north Ave.

20. Filed JUL 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 22, 1934

I last saw h. im alive on July 22, 1934 Death is said to have occurred on the date stated above, at 10 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	?
Tbc lungs - Pneumonia	?
Abscess Pelvis	?
Tbc uret. - resection	1 yr before

Other contributory causes of importance:

Name of operation Resection uret. - rt Date of July 20

What test confirmed diagnosis? M.P.N. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M K Woodhaee M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03408

CERTIFICATE OF DEATH

V 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) 11-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Pickett

(a) Residence: No. 805 Hamilton Ave (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 28-1872

7. AGE: Years 62 Months 0 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

FATHER

13. NAME: Chas Pickett

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

17. INFORMANT: Md Gen Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date 7/25/34 19

19. UNDERTAKER: Stuart & Moore Co

(Address) 102-20 North 6th

FILED JUL 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Arteriosclerosis

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuk M. D.

Coroner

(Address) Coroner

INSTRUCTIONS: It is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03409 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03409

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 428 Eastern Ave St., ... Ward)
Length of residence in city or town where death occurred 65 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanora K. Fritsch

(a) Residence: No. 428 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wh, Fe	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. H. Fritsch — Widow

6. DATE OF BIRTH (month, day, year) May 5 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none
10. Date deceased last worked at this occupation (month and year) — none
11. Total time (years) spent in this occupation — none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Nordbrock ? ?
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanora Fooke ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Chas. H. Fritsch (son)
(Address) 428 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loch Evergreen Cemetery Date July 4 1934

19. UNDERTAKER Stewart & Company
(Address) Baltimore Md.

20. FILED JUL 23 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to July 20 1934
I last saw her alive on 7/20 1934 Death is said to have occurred on the date stated above, at 10 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus 8 yrs ?	
Hypertension 1 yr ?	
Gangrene L. foot.	5/21/34

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo H Brockenbrough M. D.
(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 03410

03410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Rolt Street St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Jones

(a) Residence: No. 2005 Rolt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Florence Jones

6. DATE OF BIRTH (month, day, year): Nov 29 1864

7. AGE: Years 69 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Poole Engineer Co

10. Date deceased last worked at this occupation (month, year): 1926

11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joseph Jones

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Ellie Knight

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Florence Jones

(Address) 2005 Rolt Street

18. BURIAL, CREMATION, OR REMOVAL: Place St Marys Hanover Date July 24 34

19. UNDERTAKER: Urlicain Cook

(Address) 1317 St Paul Street

Huntington Williams, Jr. Registrar.

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from APR 6 - 1934 to JUL 21 1934

I last saw h... alive on JUL 21 1934. Death is said to have occurred on the date stated above, at 2.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7/12/34

Other contributory causes of importance:

Cardiac Myocarditis
Chronic endocarditis
Chronic arteriosclerosis

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Duke M. D.

(Address) 428 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

3411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3411 M 03411

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital Ward) 16-01

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll W. Trundle

(a) Residence: No. 1124 McKean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7th 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Bernard T. Trundle

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Nellie G. Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Bernard T. Trundle
(Address) 1124 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 24th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED JUL 24 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Internal Injuries
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/21 19 34
Where did injury occur? Mount Royal Ave nr Mt Vernon Pl (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while running
Nature of injury Head, Chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Thorny M. D.
Coroner
(Address) 200 E Madison St.

M. D. P. 1268-9

03412

HEALTH DEPARTMENT—CITY OF BALTIMORE

03412

CERTIFICATE OF DEATH

XV121

1. PLACE OF DEATH St Agnes Hospital

Registered No. 25-01

CITY OF BALTIMORE: (No. Wilkens + Caton St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ida Balka

(a) Residence: No. 33 Bloomsbury ave. St. Ward.

(Usual place of abode) Catonsville Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widowed

5a. If ~~married~~, widowed, or divorced ~~HUSBAND~~ (or) WIFE of William Balka

6. DATE OF BIRTH (month, day, year) Mar 10th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry D. Frey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alberta Martin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lottie Frey

(Address) 33 S. Bloomsbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 26th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JUL 24 1934 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18 1934 to 7/22 1934

I last saw her alive on July 22 1934 Death is said to have occurred on the date stated above, at 10.08 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	
Acute dilatation of Stomach	7/22

Other contributory causes of importance:

Name of operation Appendectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul G Perkey M. D.

(Address) St Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

v 8 3

M. D. H. 1938-9

03413

F 03413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Lyndhurst St. St. 16-01 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Kling

(a) Residence: No. 611 Lyndhurst St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Caroline Brack Kling

6. DATE OF BIRTH (month, day, year) July 10, 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Drugist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John J. Kling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Seamon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss Caroline A. Kling 611 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill, Towson Date July 24/34

19. UNDERTAKER (Address) 4101 Edmondson Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1934

22. I HEREBY CERTIFY, That I attended deceased (from 1930. to July 21 1934

I last saw him alive on July 20 1934 Death is said to have occurred on the date stated above, at 10:23a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Recurrent) — Date of onset 7

Other contributory causes of importance:

Aortic Sclerosis (Senile) — 2.
Hypertension
Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wisong, M. D.

(Address) 4000 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B 1268-9

03414 HEALTH DEPARTMENT—CITY OF BALTIMORE 03414

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 14-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edw. Maddux

(a) Residence: No. 1427 Myrtle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1933 Oct

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edw Maddux

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Margret Jokys.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edw Maddux

(Address) 1427 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Date Interborn July 24, 1934

19. UNDERTAKER Francis A. Henley

(Address) 518 N Biddle St

20. FILED Huntington Williams, M.D.

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and contributory causes of importance were as follows:

	Date of onset
Enteritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Necropsy (Was there an autopsy? Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) H. Buck Grace Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03415

F 03415 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 St. Paul St. 12-01 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Virginia Downey

(a) Residence: No. 2716 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel K. P. Downey

6. DATE OF BIRTH (month, day, year) June 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Marburger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline E. Ubert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jennette McDannel
(Address) 2716 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 25, 1934

19. UNDERTAKER Wm. J. Tuckett & Son
(Address) Huntington Mills, W. Va.

20. FILED JUL 24 1934 19
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.57 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John H. Grossman, M. D.
Coroner

(Address) 2672 Boulevard

M. D. B 1268-9

F 03416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03416

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (Co. Hospital or Institution) St., 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 60 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Bacon

(a) Residence: No. Mt Hope Retreat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Bacon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ursula Neeling

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louis B. Wheeler

(Address) 5 & Agnes Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date July 24 19 34

19. UNDERTAKER Mary Otis Bradford

(Address) 501 E 22nd St

FILED JUL 24 1934 19 Thomas Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Bolbar Involved by Fever	July 8-34
Fracture of Femur	July 7-34

Other contributory causes of importance:

Name of operation Surgery Date July 12-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or homicide? Accident Date of injury July 7-34

Where did injury occur Mt Hope Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public institution

Manner of injury Fall when Crossing room & Fracture of Femur

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Kelbaugh M. D.

(Address) 16 E. Lexington St Coroner

M. D. B. 1265-9

03417 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03417

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Gladstone ~~Avenue~~ 24 01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Hamm.

(a) Residence: No. 720 Gladstone Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed.

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Henry Hamm.

6. DATE OF BIRTH (month, day, year) Oct. 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no.

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Kuhlenbach Germany.

FATHER

13. NAME Friedrich Wagner.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Bayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur E. Hamm. (Address) 720 Gladstone Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date July 24, 1934

19. UNDERTAKER Wm. Groot & Son (Address) 1217 E. Baltimore St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to July 21, 1934

I last saw her alive on July 20, 1934 Death is said to have occurred on the date stated above, at 11.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart.	
Carcinoma Stomach.	
Mycarditis Chronic.	
Mitral Insufficiency.	

Name of operation none. Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) James Graham Marston M. D.

7/21/34 (Address) 516 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

F 03418

M. D. Public 5

F 03418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l Hosp. St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Leiber Silverstein

(a) Residence: No. 2906 Oakley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Silverstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie Rosenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abe Goldberg

(Address) 2906 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Bnai Israel Cmetry Date July 24 1934

Place

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

JUL 24 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 23, 1934

I last saw him alive on July 23, 1934 Death is said to have occurred on the date stated above, at 9:26A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?
Carcinoma of prostat gland	?

Other contributory causes of Importance:

Name of operation Colostomy (Quality) Date of 7/18/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. M. L. Currie, M. D.

(Address) So. Balto. Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

03419

HEALTH DEPARTMENT—CITY OF BALTIMORE

03419

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S. Caroline St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Gubinsky

(a) Residence: No. 216 S. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Joseph

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Price

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isidore Fooks

(Address) 3418 Dupont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date July 24 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1122 E Balto st

20. FILED JUL 24 1934 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934 to July 23, 1934

last saw her alive on July 23, 1934. Death is said to have occurred on the date stated above, at 7 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7-23-34

Other contributory causes of importance:

Arteriosclerosis	1924
Myocarditis	July 1, 34
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Harry Linden, M. D.

(Address) 161 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03420 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51 F 03420

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Valley St. 10-al (Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Nelson Dorsey

(a) Residence: No. 905 Valley St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Dept* Balto. City

10. Date deceased last worked at this occupation (month and year) 6 mons

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Viola Dorsey (Wife)
(Address) 905 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 25 1934

19. UNDERTAKER Mrs Lottie Gross
(Address) 1908 Ashland Ave

JUL 24 1934 Health Dept. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Pulm Embolus	

Other contributory causes of importance:
2nd Anaemia following
Carcinoma of Prostate Gland ???

Name of operation Partial Prostectomy Date of May/34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

1-30—M 4 37—100 B—50L

03421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03421

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1316 Union ST., 13-01 WARD)

2-FULL NAME John Hahn

(a) RESIDENCE NO. 1316 Union Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Freiman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Alfred Hahn

(Address) 1316 Union Ave

Filed JUL 24 1934 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John J. Morrissey, M. D. Coroner

, 19 (Address) 363 Robert Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge DATE OF BURIAL: July 25 1934

20 UNDERTAKER: H. V. Marshall ADDRESS: 359 Fall Rd

M. D. B.-1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03422 ✓ 34 03422

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Franklin

(a) Residence: No. 917 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) May 22/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Abraham Franklin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannah -----

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jennie Franklin
(Address) 922 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 7-24-34

19. UNDERTAKER John H. Johnson
(Address) 1401 Madison Ave

20. FILED JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortitis & aortic Insufficiency (Syphilitic)	
Cardiac Hypertrophy	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Bayless M. D.
Coroner

(Address) 506 E. Lexington

OCCUPATION is very important. See instructions on back of certificate.

F 135423

F 135423

28355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. [redacted] St. 18-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Juanita Charles

(a) Residence: No. 518 N Arlington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

7. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/15/23

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	10	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Roderick Charles

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Edna Washington

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 7-25, 1934

19. UNDERTAKER John M. Johnson

(Address) 1401 Mosher Ave

Huntington Williams, W. Va.

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26 1934 to July 21, 1934

I last saw her alive on July 21, 1934 Death is said to have occurred on the date stated above, at 6:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1929
Subacute glomerular nephritis	1934
Anemia	1929 ?

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03424

F 03424 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Briggs

(a) Residence: No. 2013 Etting St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Queen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Mr Queen

14. BIRTHPLACE (city or town) (State or country) Mr Queen

15. MAIDEN NAME Mrs Queen

16. BIRTHPLACE (city or town) (State or country) Mrs Queen

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mathews Co Va Date July 24th 1934

19. UNDERTAKER Archibald H. Gladden

(Address) 2101 W. Lexington St. Baltimore

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-15-34 19 ..... to 7-21-34 19 .....

I last saw him alive on 7-21-34 19 ..... Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William Lisle Rogers M. D.

(Address) President Hospital

V. S. 3 OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

3425 F 03425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St. 13-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ida Cora Fisher

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin Fisher

6. DATE OF BIRTH (month, day, year) Jan 28 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elgin Bolton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Daniel L. Bolton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Franklin Fisher

(Address) 2137 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date July 25 1934

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

JUL 24 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1928 to July 22 1934

I last saw h[illegible] alive on July 22 1934 Death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteitis Deformans (Pagets Disease)	About 1924

Other contributory causes of importance:

Bronchopneumonia	July 17 1934
Pulmonary oedema	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H W B Mayo M. D.

(Address) Medical Arts Building

M. D. B. 1268-9

F-6-3426 HEALTH DEPARTMENT—CITY OF BALTIMORE A-6-3426

CERTIFICATE OF DEATH

1987 ✓107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Miller (Sadie Miller Riley)

(a) Residence: No. 315 Linton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward G. Riley

6. DATE OF BIRTH (month, day, year) October 24, 1869 ~~11-24-1869~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George H. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md -

MOTHER

15. MAIDEN NAME Mary Ann Fagan

16. BIRTHPLACE (city or town) (State or country) Md - Ireland

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 26 1934

19. UNDERTAKER Joseph B. Cook

(Address) 1003 N. Eutaw St

JUL 24 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934 to July 23 1934

I last saw her alive on July 23 1934 Death is said to have occurred on the date stated above, at 5-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	
Myocardial insufficiency	8 weeks
Chronic Bronchitis	?
Other contributory causes of importance: Bronchopneumonia, acute, terminal	24 hrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Leech M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1268-9

03427

F 03427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Madge Wilson

(a) Residence: No. Hagerstown Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Wilson

6. DATE OF BIRTH (month, day, year) July 11 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 7-10-34 | 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John T Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma C Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frankie Suter
(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL Hagerstown Md. Date July 24 1934

19. UNDERTAKER Jos H. Bell & Co.
(Address) Cor N. Potomac St

20. FILED JUL 24 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1934 to 7-24, 1934

I last saw her alive on 7-24, 1934 Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis (Toxic adenoma thyroid)	1932
Auricular fibrillation	7-23-34

Other contributory causes of importance:

Name of operation Subtotal Thyroidectomy Date of 7-21-34

What test confirmed diagnosis? P. M. R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil J. S. Hebenstreit, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03428

F 03428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Division St., 14-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Mollie Simms

(a) Residence: No. 1426 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Simms

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Isaac Moore

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah Stines

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert Hicks

(Address) 1426 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 7/24 34

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. [illegible] Registrar

JUL 24 1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934, to July 21, 1934

I last saw h[illegible] alive on July 20, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6 days
Hypertension	

Other contributory causes of importance:

None known

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunt Williams, M. D.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1269-9

F 03429 HEALTH DEPARTMENT—CITY OF BALTIMORE

1934

F 03429

34

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 16-W (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Hall

(a) Residence: No. 818 What coat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6a. If married, widowed, or divorced (or) WIFE of John Hall

6. DATE OF BIRTH (month, day, year) 1899

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Thomas Holloway

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Maggie Gross

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Hall
(Address) 818 What Coat St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 7/24 1934

19. UNDERTAKER Thos. G. Kehoe
(Address) 1303 Pressman St.

20. FILED JUL 24 1934 19 ... Registrar.

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to July 20, 1934

I last saw her alive on July 20, 1934 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral embolism (Aortic)	
2. Aortitis - hypertrophy + dilatation of heart	
3. Mitral endocarditis thrombosis	

Other contributory causes of importance:

1. Mitral stenosis

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so,

(Signed) [signature] M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03430

F 03430

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Wilkens Ave St., 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth M. Ball (BATE)

(a) Residence: No. 2210 Walbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE William L. Ball

6. DATE OF BIRTH (month, day, year) Jan 9 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Bullbaum

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Conner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William L. Ball

(Address) 2210 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/27/ 19 34

19. UNDERTAKER F. H. Furstenberg & Son

(Address) 15 W. Baltimore St.

JUL 24 1934 Registered Covington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 20 19 34 to July 21 19 34

I last saw h... alive on July 21 19 ... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis.	?
Other contributory causes of importance:	
Acute Cardiac Dilatation	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Hurwitz M. D.

(Address) 1753 W Lafayette

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

F 03431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03431

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospital 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Bayard

(a) Residence: No. 634 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Felix

6. DATE OF BIRTH (month, day, year) 9-15-01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
√	32	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Roane

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Eva Holmes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp. Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date July 25 1934

19. UNDERTAKER Chas. H. Chase & Son

(Address) 638 N. Gilmor

JUL 24 1934 Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 21 1934

I last saw her alive on July 21 1934 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	ne year
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. W. Jacobson M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

~~Hospital~~, 1719 N. Calhoun

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys M. B. Sullivan

(a) Residence: No. 1719 N. Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Mar

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. M. Sullivan Jr

6. DATE OF BIRTH (month, day, year): Nov 13. 1908

7. AGE: Years: 36 | Months: 4 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Bernard Butler

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Maggie Butler

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Wm M Sullivan

(Address): 1719 N Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: July 25 1934

19. UNDERTAKER: Wm H Chase Son

(Address): 638 N. Gilmor

FILED ..... 19 .....

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20 1934 to July 24 1934

I last saw h[illegible] alive on July 21 1934. Death is said to have occurred on the date stated above, at 10 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	7/4/34
Other contributory causes of importance:	
Acute Myocarditis	April 20/34

Name of operation: No Date of: —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) B. H. Hatcher, M. D.

7/24/34 (Address) Irvington Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03433

CERTIFICATE OF DEATH

X 114-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 24 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry William Moffett

(a) Residence: No. Galena, Kent Co. Md. St., Ward. Galena, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie B. Moffett

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Benjamin Moffett

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Georgia Neal

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Jno. Moffett

(Address): Galena Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Galena Md. Date 7/25/34 19

19. UNDERTAKER: T. Lester Shields

(Address): Townsend Del

20. FILED 19 Registrar.

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-34

22. I HEREBY CERTIFY, That I attended deceased from 7/1/34 19 to 7/23/34 19

I last saw him alive on 7/23/34 19 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Lung Abscess Rt. Lung	Jun 34

Other contributory causes of importance:

Name of operation Thoracotomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. G. Chrondo M.D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 03434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03434

CERTIFICATE OF DEATH

X4/22-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. St. 75-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Dougherty Kolb

(a) Residence: No. Emmitsburg Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 yrs. ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Jenkins Memorial Hospital
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. St. Mary's Date 27 1934

19. UNDERTAKER H. F. Stauffer Jr.
(Address) Emmitsburg Md.

20. FILED JUL 24 1934 H. F. Stauffer Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 34 1934 to July 24th 1934
I last saw her alive on July 23rd 1934 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	7/15/34
Chronic hypertrophic arthritis	1920
Bilateral Cataracts	1924

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Carl G Penkal M. D.

(Address) Emmitsburg Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CL 24 1934

Spec.—9-30—A. & Co.—250 Blks

03435

F 03435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary St. 9-01 Ward)

REGISTERED No .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lewis P. Read.

(a) RESIDENCE No. 2103 Eutaw Avenue St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Wht.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Laura C Read.

6 DATE OF BIRTH (month, day, and year) July 30, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	60	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Printing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER James Read.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland.

12 MAIDEN NAME OF MOTHER Sophia Schauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Wife.
(Address) 2103 Eutaw Ave.

15 Filed JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1934

17

I HEREBY CERTIFY, That I attended deceased from July 9, 1934, to July 22, 1934.

that I last saw him alive on July 22, 1934

and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension.

many years. (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure.

(duration) yrs. 1½ mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Richard V. Hauver M. D.

7/23 1934 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riverview Cem. Wilmington Del.

DATE OF BURIAL 7/26 1934

20 UNDERTAKER Harry H Wiltz & Co.

ADDRESS 4101 Edmondson Ave

TION is very important. See instructions on back of certificates.

M. D. Form 268-B

F 03436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03436

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 9-01 (Ward)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Jennie M Kelley

(a) Residence: No. 516 Lakeside Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 6 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 yrs	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ob8

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Kelley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm J Kelley

(Address) 1516 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date July 27 1934

19. UNDERTAKER Chas E Raine Son

(Address) 1811 W Lexington Ave

20. FILED 19 Registrar.

JUL 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23 1934 to July 24 1934

I last saw her alive on July 24 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	7/19/34

Other contributory causes of importance:

Name of operation Exploratory Date of 7/24/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wasman, M. D.

(Address) Mercy Hospital

M. D. B. F 03437

F 03437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Bryant Ave St. 13-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Paul

(a) Residence: No. 2009 Bryant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Zinberg
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 7/24/34
Hebrew Southern Ave

19. UNDERTAKER Jos. L. Levy Inc
(Address) 1435 E Baltimore St

20. FILED 7/24/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1927, to 7/20, 1934. Death is said I last saw her alive on 7/20/34 to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dr. Zinberg M. D.

(Address) 2210 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

JUL 24 1934

M. D. B. 3268-6

F 03438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 W. Pratt St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Graff

(a) Residence: No. 1635 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Newborn

6. DATE OF BIRTH (month, day, year): July 23, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			20 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newborn do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Newborn.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Paul Graff.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Katherine Boehere

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Katherine Graff.

(Address): 1635 W. Pratt.

18. BURIAL, CREMATION, OR REMOVAL

Place: University of Md Date: July 24 1934

19. UNDERTAKER: [illegible]

(Address)

20. FILED ... Registrar

UL 2 1934

0577

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23. 1934 to July 24. 1934

I last saw her alive on July 23. 1934 Death is said to have occurred on the date stated above, at 3:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Full term fetus	
Congenital Lues	

Other contributory causes of importance:

Maternal Lues.

Name of operation: None Date of:

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Savage, M. D.

(Address) Univ. Hosp.

INFORMATION should be entirely supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-30 F 03439

F 03439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 Hamilton ave St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas H. Dohaney

(a) Residence: No. 3815 Hamilton ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecila Creaghan

6. DATE OF BIRTH (month, day, year) 9/18/1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraphy op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna Penn Rd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Dohaney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Tilde

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs C Dohaney

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Rednemer Date 7.25.34 19

19. UNDERTAKER Sahm & Son

(Address) 1315 E. Lafayette St.

20. FILED 19 Registrar

L24934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to 7/22 1934

I last saw him alive on 7/22 1934 Death is said to have occurred on the date stated above, at 3P. m.,

The principal cause of death and related causes of importance were as follows:

Date of onset

Aztero Sclerosis.
Chr. Interstitial Nephritis.

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Clinical Was an autopsy held?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ayre W. Fooks M. D.

(Address) 5103 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 13[illegible] F 03440

F 03440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V/22-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Minnick

(a) Residence: No. Sparrows Pt. Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Minnick

14. BIRTHPLACE (city or town) (State or country) Cockeysville Md

MOTHER

15. MAIDEN NAME Stella Anderson

16. BIRTHPLACE (city or town) (State or country) Sparrows Pt Md

17. INFORMANT Mrs. Stella Minnick

(Address) Sparrows Pt Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem. Date July 26 1934

19. UNDERTAKER John F. Denny

(Address) 15 Light St

20. FILED July 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 24/34 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, 7.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-following operation	
ileo-caecal intussusception	

Other contributory causes of importance:

Name of operation Reduced Intussusception Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Wagner M. D.

Coroner

(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate.

F 03441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 93-003

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Druid Hill Park St. 13-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 Weeks yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HANNAH L. SPIELMAN.

(a) Residence: No. Druid Hill Park. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emory N. Spielman

6. DATE OF BIRTH (month, day, year) March 26th. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER
13. NAME Dominic McMenamin
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Rose Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT D. F. McMenamin
(Address) Druid Hill Park

18. BURIAL, CREMATION, OR REMOVAL
Place Rockrivet Cem. Washington D.C. Date July 26th, 19 34

19. UNDERTAKER Chas. H. Grace & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934 to July 24 1934. I last saw her alive on July 23rd 1934. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset .....

Other contributory causes of importance:

Hypertention

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Morrissey M. D.

(Address) 3631 Roland Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. 93

M. D. P. 1268-9

F 03442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03442

CERTIFICATE OF DEATH

V 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 West 29th St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Elizabeth Stinchcomb

(a) Residence: No. 316 West 29th St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) March 7, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John H Stinchcomb

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pearl G. Tuffyaw

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John H Stinchcomb

(Address) 316 W 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Mary, Lampden Date July 25, 1934

19. UNDERTAKER Chenoweth Bros.

(Address) 343 Christian Ave.

20. FILED Huntington Williams Nov 2

(Registrar)

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to July 24, 1934

I last saw her alive on July 20, 1934 Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping cough	July 1, 1934.
Other contributory causes of importance: Whooping cough	July 1, 1934.

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Kerdig Wallace, M. D.

(Address) 2839 Wallbrook Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03443

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Elm Ave St., 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Murphy.

(a) Residence: No. 3315 Elm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Murphy

6. DATE OF BIRTH (month, day, year) Sept 24, 1861

7. AGE: Years 72 | Months 9 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Murphy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Poole

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie Murphy
(Address) 3315 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL Bethesda Cem. Md. Date July 25 1934

19. UNDERTAKER Chenoweth Bros
(Address) 365 Rhode Island Ave.

20. FILED JUL 25 1934 Huntington Hall [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ocbrcular Disease of Heart.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Hoffman M. D.
Coroner

(Address) 3732 Roland Ave

See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

03444 E 03444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 - 01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Leo Hill

(a) Residence: No. 889 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally (dead)

6. DATE OF BIRTH (month, day, year) June 11, 1835

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
99 98	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rosann Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Reeds (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 25 1934

19. UNDERTAKER Leo G. Lynch (Address) 1723 N. Patterson Park Ave.

Huntington Williams, M.D. Registrar

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934 to July 22, 1934

I last saw h[illegible] alive on July 22, 1934 Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic	?
Arteriosclerosis	?
Bronchopneumonia	Term.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phagil M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30-34A Co—250 Bks

03445

F-03445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X V 115-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Street, WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MR. Austin Stewart)

(a) RESIDENCE NO. Street, Maryland ST. WARD (Harford County)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Street Maryland.

PARENTS

10 NAME OF FATHER Mr. James Stewart.

11 BIRTHPLACE OF FATHER (city or town) Street (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Miss. Sellers

13 BIRTHPLACE OF MOTHER (city or town) Street (State or country) Maryland.

14 Informant MR. Austin Stewart (Prior to Death)
(Address)

Filed JUL 25 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1934

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to July 24, 1934

that I last saw him alive on July 24, 1934

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation,
Post-operative and
Post-Anaesthetic
(Sudden)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Brunswick, Md.

Did an operation precede death? Yes Date of 7/24/34

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy + Clinical

(Signed) Richard V Hoover M. D.

7/24 1934 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Street Md — DATE OF BURIAL July 27 1934

20 UNDERTAKER Hubert P Harbin — ADDRESS Delta Pa

TION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 03446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03446

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose V. Porter

(a) Residence: No. 3960 Elm Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of WIFE of James J. Porter

6. DATE OF BIRTH (month, day, year) Dec 8 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ecklesville Balto Co Md

FATHER

13. NAME Samuel E. Rollinger

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah L. Hare

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Eugene R. Mudd

(Address) 2653 Talbot St. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Dunkard Date July 27 1934

19. UNDERTAKER Walter Sons

(Address) 3418 Eastern Ave

Huntington Ind. Registrar

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11 1934 to July 24 1934

I last saw her alive on July 24 1934 Death is said to have occurred on the date stated above, at 7.50 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7-24-34

Other contributory causes of importance:

Arteriosclerosis
Hypertension
Carcinoma of sigmoid

Resection obstructive carcinoma of sigmoid Colostomy Name of operation Date of July 19

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Hexamer M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 7

M. D. P. 1269-B.

F [redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE F [redacted]

F 03447

CERTIFICATE OF DEATH 186-001 F 03447

1. PLACE OF DEATH

Registered No. 1401

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General St., Hospital Ward)

Length of residence in city or town where death occurred 20 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert David.

(a) Residence: No. 209 W. Read St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) October 17, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Morris David.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Sarah Goldberg.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Jacob Rubin David
(Address) 4625 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Henry Ph, Date Jul 25, 1934

19. UNDERTAKER Jul Levinson & Bro
Address 1 Balto St.

JUL 24 1934

20. FILED Huntington Wm...
Registrar 7/28/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture and dislocation of the 4th Cervical Vertebrae.	
Dove into shallow water.	
Accidental Death.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis: I Saw & inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/22/34
Where did injury occur? Fort Smallwood.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place.
Manner of injury Dove into shallow water.
Nature of injury Fracture & dislocation of Vertebrae.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto H. Einhard M. D.
Coroner
(Address) 1017 E. Charles St.

M. D. B. 1268-9

F 03448 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03448

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S Luzerne Ave St., 1-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm M. S. Primrose

(a) Residence: No. 519 S Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Primrose

6. DATE OF BIRTH (month, day, year): Oct 1 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Subway Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wash. D.C.

FATHER

13. NAME: Samuel F. Primrose

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Josephine Lutz

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs. Elizabeth Primrose

(Address) 519 S. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 7/26/34 19

19. UNDERTAKER: Philip Herbig Sons

(Address) 2016 Eastern Ave

JUL 25 1934 Huntington Woods

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/11 1934 to 7/23 1934

I last saw him alive on 7/23 1934 Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	4/14/33
Other contributory causes of importance:	
Hypostatic Congestion	7/10/34

Name of operation: NW Date of:

What test confirmed diagnosis? NW Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NW Date of injury 19

Where did injury occur? NW
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: NW

Manner of injury: NW

Nature of injury: NW

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dan'l Miller M. D.

(Address) 1500 Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03449

F 03449 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Abbottston St., 9-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pietro Bracone

(a) Residence: No. 1523 Abbottston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Incoronate Bracone

6. DATE OF BIRTH (month, day, year) Nov. 29/1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ferd Bracone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Carmela Stella

(Address) 1523 Abbottston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 7/26/34 19

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eastern Ave.

20. FILED ..... 19 ..... Registrar

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26 1934 to July 24 1934

I last saw h.. alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Cirrhosis of Liver	May 24 1934
Bronchopneumonia	July 22 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. F. Eversman M. D.

(Address) 350 S. Paca St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23

M. D. B 1268-9

✓ F 03450

F 03450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Rita Hotel,

CITY OF BALTIMORE: (No. 11 N. High St. St., 5-01 (Ward)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Muller.

(a) Residence: No. Rita Hotel, 11 N. High St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~MARRIED, WIDOWED~~ or divorced HUSBAND of ~~WIFE of~~ Florence Muller.

6. DATE OF BIRTH (month, day, year) January 4, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Muller.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Barbara Hugle.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Rebecca Silberzahn. (sister)

(Address) 1817 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 25th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. JUL 25 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt Coroner . M. D.

7/25/34 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 03451

F 03451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Dulaney St. 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Faber

(a) Residence: No. 2605 Dulaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Rev Peter Joseph Faber

6. DATE OF BIRTH (month, day, year) Dec 25th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation ✓ | 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Wm Weihbrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Hilda Bell

(Address) 2605 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 26th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 25 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to July 1934

I last saw her alive on 23 July 1934 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932 or before
Other contributory causes of importance:	
Myocarditis	1933

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. Bruce Foster M. D.

(Address) 2560 Fordesta

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 03452 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03452

CERTIFICATE OF DEATH. 59

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2207 Elgin Ave ST.: 15-01 WARD.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mollie E Walker

(a) RESIDENCE. No. 2207 Elgin Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of Littleton M. Walker

6 DATE OF BIRTH (month, day, and year) July 23rd 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Collison

11 BIRTHPLACE OF FATHER (City or town) (State or country) Dorchester Co Md.

12 MAIDEN NAME OF MOTHER Elizabeth Rowe

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Mrs John A. Huff 2406 W. Laurel St

Filed JUL 25 1934

Huntington-Williams, Inc. Cook 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July-28 1934

17 I HEREBY CERTIFY, That I attended deceased from July 6 1934 to July 28 1934.

that I last saw her alive on July 28 1934.

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis, Cancer of Face and Arteriosclerosis.

(duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute circulatory ill- Condition

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Obs.

(Signed) Fredk Coale M. D.

(Address) 2207 Elgin Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 26th 1934
20 UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

03453 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 03453

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gebb Ave St., Lakeland Ward 25-01)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Adam Witzgall

(a) Residence: No. Gebb Ave St., Ward Lakeland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of ~~Wife of~~ Katherine Witzgall

6. DATE OF BIRTH (month, day, year) Aug 8th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month, year) 1934

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Witzgall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie L. Witzgall
(Address) Gebb Ave Lakeland

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 27th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 25 1934 Huntington Wilkinson M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h alive on ....., 19... Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows: Date of onset

Arteriosclerosis of Heart (Unknown)

Other contributory causes of importance:

none

Name of operation Injection of Novocain July 24-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Joseph L. Valentine M. D.
Coroner
(Address) 16 S 6 Mossley

OCCUPATION is very important. See instructions on back of certificate.

H. D. B 1265-9

03454 E 03454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 15-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Chesley Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Irvina Diven

(a) Residence: No. 3107 Chesley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. A. Diven

6. DATE OF BIRTH (month, day, year) Oct 6/1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	18	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plattsville, Wis.

FATHER

13. NAME John Geasland

14. BIRTHPLACE (city or town) (State or country) Wis.

MOTHER

15. MAIDEN NAME Rebecca VanGorter

16. BIRTHPLACE (city or town) (State or country) Wis

17. INFORMANT Mrs Irvina N. Ireland
(Address) 3026 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date July 25th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 25 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24/34 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, 11.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Cardiac Hypertrophy	

Other contributory causes of importance:

Chr Bronchitis ???	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr H Payne Coroner . M. D.

(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

F 03455

F 03455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 10-01

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Damgerfield

(a) Residence: No. 939 Sterling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John (Dec)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Frank Brown

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Finney ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem Date 7-28-34

19. UNDERTAKER Byrnes & Manning & Wright (Address) 128 W. Baltimore St

20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19, 34 to July 23, 1934 Last saw her alive on July 23, 1934 Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9 days ?
Interstitial nephritis	?
Myocardial insufficiency	

Other contributory causes of importance:

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) H. Bragis M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 25 1934

M. D. F. 1934

F 03456

F 03456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 30

CITY OF BALTIMORE: (No. ..... St., 1601 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME: Bessie Smith

(a) Residence: No. 620 N. Carrollton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. Color or Race: Colored — 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Russell Smith

6. DATE OF BIRTH (month, day, year): Nov. 20, 1912

7. AGE: Years: 21 — Months: 8 — Days: 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 037

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Fred Smith

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Helen Hall

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cemetery Date: 7-26th 1934

19. UNDERTAKER: Byron Thomas & Wright

(Address): 1211 Pine Elderslie St

20. FILED ..... 19 ..... Huntington Williams, Nurse

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to July 22 1934

that I last saw her alive on July 22 1934 and that death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Fallopian tubes Peritoneum and Intestines	3/31/34
Other contributory causes of importance: Fecal fistulae	7/1/34

Name of operation: Salpingectomy Date of: 6/2/34

What test confirmed diagnosis: Biopsy was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

03457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03457

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 W Lanvale St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas Melvin Young

(a) Residence No. 612 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 26 1933

7. AGE: Years | Months: 9 | Days: 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Geo Albert Young

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Pearl Hebb

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Geo Albert Young

(Address) 612 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Date 7/25 (3)

19. UNDERTAKER: Barnes & Stanley

(Address) 518 Park Ave

20. FILED ... 19... Registrar

MAR 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	7 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

Use OCCUPATION is very important. See instructions on back of certificate. MAKE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 03458

M. D. R. 1268-9

F 03458 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2739 Presbury St. 15-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Fee

(a) Residence: No. 2739 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of William H. Fee

6. DATE OF BIRTH (month, day, year) June 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James P. Spencer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Adams

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Anna Fee

(Address) 2739 Presbury St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 26 1934

19. UNDERTAKER F. B. Tuttle & Son

(Address) Woodbine Carroll

20. Filed JUL 25 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1934

22. I HEREBY CERTIFY. That I attended deceased from Nov. 1 1933 to July 23 1934

I last saw her alive on July 21 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis,	
Chronic Nephritis	

Other contributory causes of importance: Cystitis - Cystitis / Tumor of the Breast (Character not certain)

Name of operation ..... Date of .....

What test confirmed diagnosis? General Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Miles Wheeler M. D.

(Address) 2129 N. Wolfe Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03459 03459

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Spring Gardens near

CITY OF BALTIMORE: (No. Westport Brick Yard. St., 6-91 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Brown.(C)

(a) Residence: No. 1507 Mullikin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) October 6, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina.

FATHER

13. NAME Isom Brown.(C)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Maria Collins.(C)

16. BIRTHPLACE (city or town) (State or country) South Carolina.

17. INFORMANT Melissa Read.(C)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt Calvary cemetery Date July 25 1934

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

20. [illegible] 19 Huntington Williams
Registrar.

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidental drowning while in swimming.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/22/34 19

Where did injury occur? Spring Gardens.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury In swimming.

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M Reinhardt Coroner M. D.
7/25/34 (Address) 1017 S. Charles St.

Instructions on this side are very important. See instructions on back of certificate.

M. D. F 1268-9

F 03460

F 03460 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Victoria Bradshaw

(a) Residence: No. 516 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	~~married~~ widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Bradshaw

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date July 25 1934

19. UNDERTAKER Edw Bryan
(Address) 1634 orleans st

20. FILED JUL 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 21/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy of Liver following Arsphenemine treatment	

Other contributory causes of importance:

History of several treatments at City Clinic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 508 E Mt Vernon

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03461

03461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Aliceanna St. St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE SCHAFER

(a) Residence: No. 1832 Aliceanna St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Feb. 22, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Schafer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Wittmer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Brockman (Nephew)

(Address) 2708 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cemetery Date July 27, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. per F. Sander

(Address) Baltimore & Broadway.

20. FILED JUL 25 1934 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1930 to July 24 1934

I last saw h[illegible] alive on July 24, 1934 Death is said to have occurred on the date stated above, at 4.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2 hrs.
Angina Pectoris	
Chr. Myocarditis + Endocarditis	4 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2002 E. Fait St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

F 03462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03462 34
28 7 3

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME VIRGINIA P. BRINDLE

(a) Residence: No. 1028 Connecticut ave St., Ward. Wash D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6. DATE OF BIRTH (month, day, year) 5-30-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. H.W. 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dist Col.

FATHER

13. NAME Le Roy Poole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Brereton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn D.C. Date July 27. 1934

19. UNDERTAKER Stuart S Warner Co
(Address) 1052 N. Howard ave.

JUL 25 1934 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11. 1934 to July 24. 1934

I last saw her alive on July 24. 1934 Death is said to have occurred on the date stated above, at 10²⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ENCEPHALITIS, LETHARGIC (ORGANISM NOT KNOWN)	7/5/34

Other contributory causes of importance:

Name of operation NONE Date of —

What test confirmed diagnosis? Sp. punct Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth E Faubush M. D.

(Address) Johns Hopkins Hospital

V S 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03463

F 03463 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) Ward 19-01

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Jackson

(a) Residence: No. 428 Merryman Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Fidella Harris

16. BIRTHPLACE (city or town) (State or country) Howard County Md

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date July 26 1934

19. UNDERTAKER Mrs R. A. Pedrick
(Address) 129 N Carolina

20. JUL 25 1934 Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934 to July 23, 1934
I last saw her alive on July 23 1934 Death is said to have occurred on the date stated above, at 6 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with effusion	2½ Mos
Pulmonary Tuberculosis	2 Yrs?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T Phagin , M. D.

(Address) Balt. City Hosp.

V S 3

Exact statement of DISEASE or CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

A&Co 5-31 250B

F 03464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03464

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Washington Blvd 21-01 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Wagner

(a) Residence: No. 729 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. B Wagner.

6. DATE OF BIRTH (month, day, year) Jan. 4 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey.

FATHER

13. NAME Josiah Stivers

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Mary E. Shankle

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Jos. B Wagner
(Address) 729 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 7/25 1934

19. UNDERTAKER E & B Harley
(Address) 115 E North Ave

20. FILED JUL 25 1934, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934 to July 22, 1934

I last saw her alive on July 22 1934 death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Peritoneum	1934
Other contributory causes of importance:	
Metastasis of liver	1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Wesley Young M. D.

(Address) 729 Wash. Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03465

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 13

CITY OF BALTIMORE: (No. 160 St., 16-01 Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Eliza Jones

(a) Residence: No. 620 Vincent St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Augustus Jones

6. DATE OF BIRTH (month, day, year): Aug 10, 1864

7. AGE: Years 69 | Months 11 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Calvert County, Maryland

FATHER

13. NAME: Richard Jones

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth ?

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Johnson Cemetery Date July 27, 1934

19. UNDERTAKER: Mrs. Kate R. Williams (Address) 522 E. Edwards St

JUL 25 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 34

22. I HEREBY CERTIFY, That I attended deceased from July 14, 34 to July 23, 34

I last saw her alive on July 23, 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	?
Chronic	?

Other contributory causes of importance: Uremia, Chronic Arteriosclerotic Pneumonia bronchial type

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. R. Lawson M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03466

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2857 Boarman St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Rosen

(a) Residence: No. 2857 Boarman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rachel Rosen

6. DATE OF BIRTH (month, day, year): May 15 1895

7. AGE: Years 49 | Months 2 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mortimer Rosen

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rachel —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rachel Rosen

(Address) 2857 Boarman

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Northern Cem Date: July 25, 1934

19. UNDERTAKER: Jos L Wilson & Bro

(Address) 1127 N Gilmor St

FILED JUL 25 1934, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed di... Was there an autop... No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. C. Luck, M. D. Coroner

(Address) ...

Give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1248-9

F 03467

HEALTH DEPARTMENT—CITY OF BALTIMORE

03467

CERTIFICATE OF DEATH

V 174

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp. 17-01 Ward)
CITY OF BALTIMORE (or Co.) ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
Length of residence in city or town where ..... Douglas .....

2. FULL NAME John H Harper
(a) Residence: No. 1334 Shield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 1910

7. AGE: Years 23 | Months 8 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Selma N. C.

FATHER
13. NAME: John Harper
14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER
15. MAIDEN NAME: Eliza —
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Eliza Peoples
(Address) 1334 Shield

18. BURIAL, CREMATION, OR REMOVAL: Auburn Date 7-26- 1934
(Cemetery or crematory)

19. UNDERTAKER: Cayce Bros
(Address) 1716 E. Baltimore St.

Registrar.

FILED JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

I last saw h..... alive on ..... 19.....

The principal cause of death and related causes of importance were as follows:

Date of onset

Homicide.
Hemorrhage & Peritonitis
due to stab wound of
kidney.

Other contributory causes of importance:
While walking up Shields Alley was hit in head with bottle. after he fell one of the men stabbed him.

Name of operation: ..... Was there an autopsy? .....
What test confirmed diagnosis? ..... Was death due wholly or partly to external causes (violence)? ..... (Yes or No)

23. If death was due to external causes (violence) state following:
Accident, suicide, or homicide? Homicide Name of deceased Shields Alley
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Stab — Pocket Knife
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. B. Buck Coroner M. D.
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

use

M. D. B 1268-9

F 03468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03468

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3122 Chesley Ave St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Simmel

(a) Residence: No. 3122 Chesley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Simmel

6. DATE OF BIRTH (month, day, year) Apr 4/1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Simmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Andrew Simmel
(Address) Joppa Rd-F.R.D.6. Towson Md

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cem Date 7/26 193X

19. UNDERTAKER Leonard J Rugby
(Address) 5305 Towanda Rd

FILED JUL 25 1934 for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 23/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Caedial mitral "	??
Nephritis	??

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Mann Coroner, M. D.

(Address) 1108 Ennis

OCCUPATION is very important. See instructions on back of certificate.

F 03469 Mary T. O'Connor F 03469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary T. O'Connor
(a) Residence: No. 1504 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hugh C Connor

6. DATE OF BIRTH (month, day, year) Aug 15 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Dennis Driscoll
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Catherine Fenton
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hugh C Connor
(Address) 1504 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Rem Cath Cem Date 7/27, 1934

19. UNDERTAKER Leonard Disney
(Address) 2305 Pennsylvania Ave

20. FILED Huntington Williams, Registrar
JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 23, 1934.
I last saw her alive on July 23, 1934. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	
Other contributory causes of importance:	
Extreme Weakness	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James E. White, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-A

F 03470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03470

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph Brittow

(a) Residence: No. 818 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/3/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date July 25, 19 34

19. UNDERTAKER .....
(Address)

20. ... 19 ...
Registrar.

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22-34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus (Luetic?)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Zeller, M. D.
Coroner.

(Address) 2319 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. Blank No. 1 03471

Grave # 12,

HEALTH DEPARTMENT—CITY OF BALTIMORE

03471

CERTIFICATE OF DEATH

V175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Anderson

(a) Residence: No. 831 McKim St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date July 25 19 34

19. UNDERTAKER [illegible]
(Address)

20. FILED JUL 25 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fracture Base of Skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 7/14/34 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury Struck with fist and

Nature of injury knocked down.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 1086 Hollins

3. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

F 03472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03472

CERTIFICATE OF DEATH

191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute to Bd Jail St., 11-01 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William Freeman

(a) Residence: No. 337 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 25 19 34

19. UNDERTAKER [illegible]
(Address)

JUL 25 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral hemorrhage	July 6
	1934

Other contributory causes of importance:

Saw Stroke

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 03473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03473

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Taylor

(a) Residence: No. 1706 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/2/88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	46	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dollie Walker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/25/34

19. UNDERTAKER Mrs. George H. Holland
(Address) 631 Dartmouth Place

20. FILED ... 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1934, to 7/22, 1934

I last saw him alive on 7/22, 1934 Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unk
arteriosclerosis	Unk
Nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C. Thruer M. D.

(Address) 632 Baker St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 03474

F 03474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 116

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6302 Blenheim Rd St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margut Ella Arniger

(a) Residence: No. 6302 Blenheim Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Josiah Arniger

6. DATE OF BIRTH (month, day, year) July 23 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ed C Herget

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margut Rodney

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Mrs J. L. Boyd Daughter

(Address) 6302 Blenheim Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 25, 1934

19. UNDERTAKER John F. Ehrmann

(Address) 715 Light St.

20. [illegible] Registrar.

JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 ... 1934 to July 22 ... 1934

I last saw h[illegible] alive on July 22, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Dysphagia	2 m
Other contributory causes of importance: Cancer, Age	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to [illegible] of deceased? ...

If so, specify ...

(Signed) [illegible] 40 St M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1204 F 03475 F 03475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 E Eager St 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William W. Burton

(a) Residence: No. 917 E. Eager St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Cathwright

6. DATE OF BIRTH (month, day, year) Aug 22 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer

10. Date deceased last worked at this occupation (month and year) about 10 yrs ago

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) National Bridge Va

FATHER

13. NAME George Burton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Anderson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Son Frank G. Burton

(Address) 917 E Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date July 27 1934

19. UNDERTAKER Elmer W. Coughlin

(Address) 824 E Eager St

20. FILED JUL 25 1934 Register Washington Hillegeist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21 1934 to July 24 1934

Last saw him alive on July 23 1934 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration Intestinal trouble from heat & food	July 21-34
The last has a 52 yr history of Chronic Valvular Heart disease	

Other contributory causes of importance: —

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) H. H. Forman M. D.

(Address) 117 W. Lanvale St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 03476 F 03476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH — Registered No. 770-01

CITY OF BALTIMORE: (No. 510 S. Smallwood St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Welsh

(a) Residence: No. 510 S. Smallwood St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel B. Welsh

6. DATE OF BIRTH (month, day, year): June 9, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): U.S.

FATHER

13. NAME: Don't know

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edna M. Carroll

(Address): 510 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk. Date: July 27 1934

19. UNDERTAKER: A. Hastings Evans

(Address): 3 E. Fast Ave

20. FILED: JUL 25 1934 Huntington Hill, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to July 24, 1934

that I last saw her alive on July 23, 1934. Death is said to have occurred on the date stated above at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6/1/34

Other contributory causes of importance: Arteriosclerosis

Name of operation: None Date of:

What test confirmed diagnosis: Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mac Mills M. D.

(Address) 108 W. Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] 13477

HEALTH DEPARTMENT—CITY OF BALTIMORE

13477

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Rager

(a) Residence: No. 1202 Longwood St., 2725 West Lafayette, Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robt. (dead)

6. DATE OF BIRTH (month, day, year) Sept 16 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 6 ?	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Calanda

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Osmund

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records Bald City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date July 27 1934

19. UNDERTAKER Towell & Roberts, Inc.
(Address) 2824 Edmondson Ave.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1932 to July 24 1934

I last saw h[illegible] alive on July 24 1934 Death is said to have occurred on the date stated above, at 1.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Hypertensive	? 3 yrs
Arteriosclerosis General	?
Bronchopneumonia	Terms

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magill M. D.

(Address) Bald City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1263-4

F 03478 Dorsch / F 03478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Fleet St. 76-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J. Dorsch

(a) Residence: No. 3328 Fleet St. (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Dorsch

6. DATE OF BIRTH (month, day, year) Mar 21 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salon Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Dorsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Dorsch

(Address) 3328 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 27 19 34

19. UNDERTAKER Wm. C. Miller & Son

(Address) 2317 Pulaski Hwy

20. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1933 to July 24, 1934

I last saw him alive on July 23 1934 Death is said to have occurred on the date stated above, at 3.00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Endocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Mother M. D.

(Address) 301 S Ellwood Ave

UL 25 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 63479

HEALTH DEPARTMENT—CITY OF BALTIMORE 63479

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Eastern Ave St., 2-01 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antoni Dlebrzak

(a) Residence: No. 2036 Eastern Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Mary Dlebrzak

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Ord

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph Dlebrzak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mary Dlebrzak
(Address) 2028 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 26 1934

19. UNDERTAKER Fred W. Gazenski
(Address) 1930 Eastern Ave.

19 Filed Registrar.

UL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/23/34 1934 to 7/23 1934

I last saw h[illegible] alive on 7/23/34 1934 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1929
Cerebral hemorrhage	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James F Kavanagh M. D.

(Address) 3126 Harvey Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 4 1930 M

F 03480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03480

CERTIFICATE OF DEATH.

× 53

1-PLACE OF DEATH Kernans Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 28-01 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) X

2-FULL NAME David Lee Edelen

(a) RESIDENCE NO. Glenburnie Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23 1931

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
3	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): U. G. Md. Hospital

PARENTS

10 NAME OF FATHER: Walter B. Edelen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Georges Co.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Georges Co

14 Informant: Father (Address)

15 Filed JUL 25 1934, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1934

17 I HEREBY CERTIFY, That I attended deceased from June 5th, 1934, to July 24, 1934.

That I last saw him alive on July 24, 1934.

and that death occurred, on the date stated above, at 11 45/a) m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis left femur

Sarcoma left femur with metastasis. Hypernephroma left kidney

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Pertussis: Bronchial Pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Pertussis contracted at home

Did an operation precede death? yes Date of July 24, 1934

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) Morris Gellman, M. D.

, 19 (Address) 1405 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: 7/26 1934

20 UNDERTAKER: Robert Brooks Eyson

ADDRESS: Eutaw & Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. No. 13481 Doona. ✓ F 03481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hosp St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Doona

(a) Residence: No. 2340 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Nicholas Doona

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Penelope Schopsis

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Nicholas Doona
(Address) 2340 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 7/26 1934

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Fulton Sts

20. FILED JUL 25 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24- 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/23 1934 to 7/24/34 1934

I last saw h e alive on 7/24/34 1934 Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Burns - 2nd degree over 2/3 body surface — Date of onset 7/23/34

Other contributory causes of importance:

Acute Nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-23 1934

Where did injury occur? Balto. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Playing with matches

Nature of injury Burns of body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Hull, M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Eugene Felleyhd. Cor. 1.1.

M. D. F. No. F 03482 ✓ F 03482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Harper & Dickeland St St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Markes

(a) Residence: No. 3035 Fenyan St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or race: White | 5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~: Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Sue Markes

6. DATE OF BIRTH (month, day, year): Nov 10 1882

7. AGE: Years 51 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Municipal Band.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Louis Marks

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louie Scheyett

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Sue Markes

(Address) 3035 Fenyan St.

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Cem. Place 7/27 Date 19

19. UNDERTAKER: Geo Leyhan

(Address) 508 N. Fremont St

19 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22 1934 to July 24 1934

I last saw him alive on July 24 1934 Death is said to have occurred on the date stated above, at 2:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	7/18/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Leyhan M. D.

(Address) W. Balto. Bar. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 25 1934

M. D. B. 1268-9

F 03483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Greenmount Ave Ward) 9-01

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dominic J. Fleming

(a) Residence: No. 2003 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Fleming

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Martin Fleming

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cotter

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT D. Fleming

(Address) 2003 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 26 1934

19. UNDERTAKER Mary M. Waxter

(Address) 2121 E. Lanvale St

Filed JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23/1934

22. I HEREBY CERTIFY, That I attended deceased from 7/16/1934 to 7/23/1934

I last saw him alive on 7/23/1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/23/34

Other contributory causes of importance:

Arteriosclerosis	6 mos

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Kelly M. D.

(Address) 532 E. 22nd St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03484

CERTIFICATE OF DEATH

× 186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp St., 1130 Ward)

Length of residence in city or town where death occurred 24 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl S. Cofield

(a) Residence: No. Sykesville Md St., Ward. 233

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Earl Cofield

6. DATE OF BIRTH (month, day, year) Jan 17, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) 7-24-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville Md

FATHER

13. NAME Elmer Cofield

14. BIRTHPLACE (city or town) (State or country) Ellicotts town Md.

MOTHER

15. MAIDEN NAME Phillips

16. BIRTHPLACE (city or town) (State or country) Sykesville Md.

17. INFORMANT Md. Gen'l Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Oakland Md. Date July 27 1934

19. UNDERTAKER Teer & Gainey

(Address) Sykesville Md

FILED JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1934 to 7-25, 1934

I last saw him alive on 7-25, 1934 Death is said to have occurred on the date stated above, at 4:19 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of base of Skull — Date of onset

Other contributory causes of importance:

Name of operation none Date of

What was confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-24, 1934

Where did injury occur? Sykesville Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury ~~Fractured by~~ Fall

Nature of injury Fracture base of Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Proctor M. D.

(Address) Md Gen Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03485

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Prestman St., 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Raymond Rote

(a) Residence: No. 2827 Prestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3rd 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm M. Imbach

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Thomas Rote

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rosalie Kuiper

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mildred Rote
(Address) 2827 Prestman St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 28th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUL 26 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on July 24 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leek Coroner M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 03486

Le 2360 L 2340 E½ E 03486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2466 Keyworth Ave St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Davis

(a) Residence: No. 2466 Keyworth Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Davis

6. DATE OF BIRTH (month, day, year) [illegible] 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wiegl —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lach —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Davis (Husband)

(Address) 2466 Keyworth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. View Lindale Date 7-26-34 19

19. UNDERTAKER Jacob Levin Inc.

(Address) 1751 E. Baltimore St.

JUL 26 1934

Huntington Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25-34 19

22. I HEREBY CERTIFY, That I attended deceased from July 18 1934 to July 25 1934

I last saw h alive on July 24 1934 Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	appx 1 yr

Other contributory causes of importance:

Metastases

Name of operation None Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. S. Zinberg per A. A. Sherman, M. D.

(Address) 2340 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

F 03487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03487

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. W. Balto Hosp St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Aaron Sacks

(a) Residence: No. 3726 Towanda Av. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Golde Sack

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris H. Sacks

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date 7/26/34

19. UNDERTAKER Jos. Levin Sons
(Address) 1439 E. Baltimore St

JUL 26 1934

19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th 1934

22. I HEREBY CERTIFY, that I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Finck, M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. F. R. 1935 F 03488 ✓ F 03488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 E Lombard St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where denth occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Jacob Sauer

(a) Residence: No. 817 E Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowrd, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March 25-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O+O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Matilda Dausch

(Address) 1617 E Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 28. 1934

19. UNDERTAKER Martinet & Tippel Inc

(Address) 37 S Ann St.

20. FILED JUL 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21. 1934 to July 24 1934

I last saw him alive on July 20 1934 Death is said to have occurred on the date stated above, at 4 20 m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia (primary)	1 day
Acute Pul. Edema & Heart Fail.	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.

(Address)

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03489 F 03489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Argyle av St. W 1-01 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Boston

(a) Residence: No. 1128 Argyle av St., ... Ward. 17
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
96			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

FATHER

13. NAME Wm Kane

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Kane

16. BIRTHPLACE (city or town) (State or country) Accomac Va

17. INFORMANT Benj A Boston

(Address) 1128 Argyle av

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date July 26 1934

19. UNDERTAKER Jesse W. Tedder

(Address) 436 W. Biddle st

20. FILED JUL 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7, 23, 34

22. I HEREBY CERTIFY, That I attended deceased from at times from 1934 to July 23 1934

I last saw her alive on July 22 1934 Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Dont Know
Other contributory causes of importance: Heat & age	

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. K. Gonzales, M. D.

(Address) 113 N Gaines St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

F 03490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓M F 03490

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 45-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Henry Smith

(a) Residence: No. 2330 Pennsylvania Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Smith

6. DATE OF BIRTH (month, day, year): Feb. 22, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Phila. Pa.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mollie Smith
(Address) 2330 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 26. 1934

19. UNDERTAKER: W. H. Brooks Sr
(Address) 1463 N. Carey St

JUL 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Unknown, 19..... to ....., 19.....

I last saw h..... alive on Unknown, 19..... Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	
Automobile accident	

Name of operation: None Date of: .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/22 1934

Where did injury occur? Calhoun & Baker Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street Accident

Manner of injury: Struck by auto while walking across street

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Thoms, M. D.
Coroner

(Address) 2700 E. Monument St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F 1268-2

F 03491

F 03491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Linwood ave Ward) 6-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth 60 yrs. m's. da.

2. FULL NAME Vincent Pipitone

(a) Residence: No. 211 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Virginia Pipitone

6. DATE OF BIRTH (month, day, year) May 30, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pietro Pipitone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosina Alagna

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank V. Pipitone
(Address) 2818 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 27 1934

19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Balto st

JUL 26 1934 19 ... Huntington ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from January 5 1934 to July 24 1934

last saw him alive on July 24 1934 Death is said to have occurred on the date stated above, at 6h m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Degenerative Myocarditis	4
Other contributory causes of importance:	over
Arrosse of Liver Arter. Sclerosis	2

Name of operation None Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Joseph L. Valentine M. D.
(Address) 1 E. So Hendy

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S. 3

M. D. R. 1268-9

03492

HEALTH DEPARTMENT—CITY OF BALTIMORE

03492

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Hanover St. 23-a1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Becker

(a) Residence: No. 1330 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothea A. Becker

6. DATE OF BIRTH (month, day, year) Sept. 10, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John H. Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Beckmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Dorothea A. Becker
(Address) 1330 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 27, 1934

19. UNDERTAKER John F. Young
(Address) 715 Light St.

JUL 26 1934

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12 1934 to July 24 1934

I last saw him alive on July 12. 15 1934. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/12/34
Other contributory causes of importance: Exhaustion	6/24/34

Name of operation none Date of

What test confirmed diagnosis clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. F. Campbell M. D.

7/25/34 (Address) 1644 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Truitt

03493 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03493

CERTIFICATE OF DEATH

× 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hospital St., W-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Truitt

(a) Residence: No. Severn, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Severn md

FATHER

13. NAME Edwin W Truitt

14. BIRTHPLACE (city or town) (State or country) Berlin md

MOTHER

15. MAIDEN NAME Ida Remecke

16. BIRTHPLACE (city or town) (State or country) Severn md

17. INFORMANT Edwin W Truitt

(Address) Severn P.O. md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 25 1934

19. UNDERTAKER John F Denny

(Address) 705 Light St

20. FILED JUL 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1934 to 7-26 1934

I last saw h alive on 7-26 1934 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteric Colitis (Non Specific)	7-11-34
Other contributory causes of importance: Dehydration? Exhaustion?	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lauriston L. Keown M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 F 03494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03494

CERTIFICATE OF DEATH

V93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 N. Charles St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence H. Hurlock

(a) Residence: No. 4309 N. Charles St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie W. Davis

6. DATE OF BIRTH (month, day, year) Sept. 1, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney-at-law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil County Md.

FATHER

13. NAME James H. Hurlock

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hester Ann White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. C. H. Hurlock

(Address) 4309 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date July 27, 1934

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929. to July 24 1934.

I last saw him alive on July 24, 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 1st
Other contributory causes of importance: Myocarditis	Indefinite

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Woody M. D.

(Address) 140 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 26 1934

Huntington Williams, M.D.

M. D. B 1268-9

F 03495

03495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Oliver

(a) Residence: No. City Hospital St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
82 82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hosp
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Matteo
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Clementina
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 7/26/34

19. UNDERTAKER [illegible]
(Address) 151 [illegible] Baltimore, Md.

[illegible] Registrar.

JL 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Fract of Right Femur
Fall down Steps.

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 6/7/ 19 34

Where did injury occur? City Hosp
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Slipped on Stairway, Fell

Nature of injury Fract of R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) P. A. Kenzoni M. D.

(Address) 1306 N Paca St Corner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03496

HEALTH DEPARTMENT—CITY OF BALTIMORE

03496

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 1647

CITY OF BALTIMORE: (No. ... Street ... Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? ? yrs. mos. da.

2. FULL NAME: George Dugal

(a) Residence: No. Baltimore City Hospitals (Usual place of abode) (Baltimore) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Verona Dugal

6. DATE OF BIRTH (month, day, year): Oct 28, 1881

7. AGE: Years 52 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 640

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Tennessee

FATHER

13. NAME: Aron Dugal

14. BIRTHPLACE (city or town) (State or country): Louisiana

MOTHER

15. MAIDEN NAME: Dorthy Cuccia

16. BIRTHPLACE (city or town) (State or country): Tennessee

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — Place: University of Md Date: July 26, 1934

19. UNDERTAKER (Address): [illegible]

20. FILED: [illegible]

JUL 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4 34 to July 20 1934 — That I saw him alive on July 20 1934 — Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia - Bronchopneumonia, Right — Date of onset June 33

Other contributory causes of importance:

Hypostatic Congestion Bronchopneumonia — ? 7/1/34

Name of operation: None — Date of: None

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Blumgart, M. D.

(Address) Bell City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 (Anthony Domski) F 03497

03497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1337

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. (Ward) 10-A

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Andy Domski

(a) Residence: No. 1039 N. Central St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): May 1, 1876

7. AGE: Years 57 Months 2 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: July 27, 1934

19. UNDERTAKER: John F. Welsh

(Address): 401 E. Chester St.

20. FILED: July 28 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to July 27, 1934. That I last saw him alive on July 27, 1934. That death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of Stomach ?	
	over
Other contributory causes of importance: Unknown	7/10/34

Name of operation: None Date of: ?

What test confirmed diagnosis? N. G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reilly, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03498

03498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V34

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals 15-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Dorsey

(a) Residence: No. 1520 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) May 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 26, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED JUL 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1930 to July 22, 1934

I last saw him alive on July 22, 1934 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (com.)
Bronchopneumonia	?
Heart Disease, hypertensive	?
Arteriosclerosis	
Cerebral hemorrhage 10 (Oct)	
Terminal hemiplegia	? yrs?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagill, M. D.

(Address) Balt. City Hosp.

0384 8 08 75

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 03199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03199

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 E Biddle St., 10-al Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Martin Sinnott

6827

(a) Residence: No. 419 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE Eddie Myrle Sinnott

6. DATE OF BIRTH (month, day, year) May-16-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lens Grinder Optical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lehigh Cement

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

FATHER

13. NAME Thomas Sinnott

14. BIRTHPLACE (city or town) (State or country) Cork Ireland

MOTHER

15. MAIDEN NAME Martha Anderson

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

17. INFORMANT Mrs E. M. Sinnott (wife)

(Address) 419 E Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Union Bridge Date July 27, 19 34

Carroll Co Md

19. UNDERTAKER Edward Norris Co.

(Address) Baltimore, Md.

20. FILED JUL 26 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/21 1934 to 7/25 1934

I last saw h— alive on 7/25 1934 Death is said to have occurred on the date stated above, at 1230 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hemiplegia	7/21/34
Other contributory causes of importance:	
Hypostatic pneumonia	7/24/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. E. Barnes M. D.

(Address) 1517 E North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 03500

HEALTH DEPARTMENT—CITY OF BALTIMORE

03500

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Gilman Apartments

CITY OF BALTIMORE: (No. Calvert & 31st. Streets St. 12-01 Ward)

Length of residence in city or town where death occurred 82 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Louise Lucius

(a) Residence: No. Gilman Apartments Calvert & 31st. Streets St., ... Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lucius

6. DATE OF BIRTH (month, day, year) May-1-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Carson Brummer

14. BIRTHPLACE (city or town) ? ? (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ditmar

16. BIRTHPLACE (city or town) ? ? (State or country) Germany

17. INFORMANT Miss. T. Elizabeth Lucius (Daughter)

(Address) Calvert & 31st. Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date July/28/34 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-W-North Avenue

... Registrar.

L 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1934

22. I HEREBY CERTIFY That I attended deceased from July 20 1934 to July 25 1934

I last saw h.e.r. alive on July 25 1934 Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Arteriosclerosis	
Other contributory causes of importance: Myocardial failure	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert J. Cleaveland M. D.

(Address) 1123 N. Paca St.

E. [illegible] Registrar.

INSTRUCTIONS—TYPEWRITER INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03501

03501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals | -01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Spitzmagle

(a) Residence: No. 908 N. Edward St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles (dead)

6. DATE OF BIRTH (month, day, year) March 23, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hahnah Heven

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date 7/28/34 19

19. UNDERTAKER Philip Henrig Sons
(Address) 2016 Orleans St.

20. FILED JUL 25 1934 Huntington Titus Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to July 25, 1934

I last saw her alive on July 25, 1934 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease hypertensive	5 ?
auricular fibrillation.	
Myocardial insufficiency	2 yrs
& congestive failure	

Other contributory causes of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magill M. D.

(Address) Balt. City Hosp.

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03502

03502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose J Lucas

(a) Residence: No. 2009 E North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If ~~married~~ widowed, or ~~husband of~~ (or) WIFE of: Chas. H. Lucas

6. DATE OF BIRTH (month, day, year): July 16 1858

7. AGE: Years 76 | Months 0 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): May 07/34

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Deals Island Md

FATHER

13. NAME: Michael (Rev) Webster

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Maryland

MOTHER

15. MAIDEN NAME: Rose Webster

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Balto City Hospt

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: July 28 1934

19. UNDERTAKER (Address): Wm Cook 1217 E Pratt St

[illegible] 19 [illegible] Registrar.

JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-21 1934 to 7-26 1934

I last saw h[illegible] alive on 7-25 1934 Death is said to have occurred on the date stated above, at 2 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma left Parotid gland	?

Other contributory causes of importance:

Secondary Anemia	1

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert A Reule M. D.

(Address) Balto City Hosp

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 88-2 F 03503

28092

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03503

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Banks

(a) Residence: No. 657 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Isabel

6. DATE OF BIRTH (month, day, year) 1879 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	~~54~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Andrew Banks

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 7-28 1934

19. UNDERTAKER Byron & Mamie S. Wright
(Address) 1218 McElderry St

20. [illegible] 19

JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30 1934 to July 25 1934

I last saw ... alive on July 25 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC VASCULAR NEPHRITIS	1931
ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? BLOOD N.P.N. = 120 Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Richard Trance M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1264-P F 03504

F 03504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Allen

(a) Residence: No. 822 Ensor st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Madge Allen

6. DATE OF BIRTH (month, day, year): August 8, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Arthur Allen

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Sallie Cook

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place: National Cem. Date: 7-27 1934

19. UNDERTAKER: Bryant Manning & Wright
(Address): 128 McCulloh St

20. FILED: Huntington Williams, M.D.

JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9 1934 to July 24 1934

I last saw him alive on July 24 1934 Death is said to have occurred on the date stated above, at 1.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 mos.

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer Lawrence M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 23

CITY OF BALTIMORE: (No.) St. (or Ward) 10-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Idella Jolly Goss

(a) Residence: No. 1014 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jones Jolly
6. DATE OF BIRTH (month, day, year): Jan 10, 1898
7. AGE: Years 36 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Wallace Goss
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Jeanette Gordy
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Auburn Date: July 27 1934

19. UNDERTAKER: Samuel N Chase Sr
(Address): 638 N Gilmor

JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30 1934 to July 24 1934

I last saw h alive on July 24 1934 Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture, Rectum	
Other contributory causes of importance: Anemia, Secondary Malnutrition	Chronic
Name of operation: Colostomy — Date of: 7/2/34	

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T Phagin M. D.
(Address) Balt. City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD.

M. D. P. 4768-9

F 03506

Zilghman

✓ F 03506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna May Zilghman

(a) Residence: No. 1316 Church St. Salisbury Md

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. Zilghman

6. DATE OF BIRTH (month, day, year) May 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frankford Md.

FATHER

13. NAME William Scarborough

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Izzie Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Arvilla Woods

(Address) Salisbury

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date July 28, 1934

19. UNDERTAKER Milton Schilling

(Address) 1622 E. Monument St

JUL 27 1934

Livingston Fellowes Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to July 25, 1934

I last saw her alive on July 25, 1934 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	
Fracture of left femur	
Pneumonia	

Other contributory causes of importance:

Accidental fall Fracture of left femur Due to Acute Bronchitis

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bullennell, C.D. M. D.

(Address) Mercy Hospital Balto. Md

INSTRUCTIONS: WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03507

CERTIFICATE OF DEATH

174

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6-01 (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harroet Hayward

(a) Residence: No. 21 Hampstead Ct. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	singl e

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27/1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26	26	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, N.C.

FATHER

13. NAME Joseph Hauward

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary Whitby

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Florence Whitby

(Address) 1626 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place ashury cemetery Date July 28 1934

19. UNDERTAKER Edw. Bryan

(Address) 1631 Orleans St

JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 24/34 19

22. I HEREBY CERTIFY, That I attended deceased from _____ 19___ to _____ 19___

I last saw h___ alive on _____ 19___ Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to stab wounds of heart	7/24/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 7/24/34

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home 21 hampstead Ct

Manner of injury Stabbed with knife-

Nature of injury kind unknown

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. S. H. Cairns M. D.

(Address) 506 E Rockeme Borough

M. D. B. No. F 03508 ✓ F 03508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. ____
CITY OF BALTIMORE: (No.) 1512 Gilmor St. Ward 15-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edna Elizabeth Jaylas
(a) Residence: No. 1321 Presstman St., Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) July 14, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME Thomas Jaylas
14. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

MOTHER
15. MAIDEN NAME Annie Custus
16. BIRTHPLACE (city or town) (State or country) Capt Charles Co Md

17. INFORMANT Annie Jaylas
(Address) 1321 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 7/27, 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Freestman St

JUL 27 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to July 25, 1934
I last saw him alive on July 25, 1934. Death is said to have occurred on the date stated above, at 5.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pergnitis Infection	7-20
Ac. Bronchial Pneumonia	7-22

Other contributory causes of importance: None

Name of operation None Date of ____
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Charles E. Wentz M. D.
(Address) 811 Hartman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cer.—12-9-25—A Co.—200 Bks.

F 03509

F 03509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Union Memorial Hosp.

City of BALTIMORE: (No.) ~~Baltimore City Hospital~~ St. 12-01 (Ward)

2-FULL NAME Lafayette Brown.

(a) RESIDENCE NO. 329 St. Lorraine Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1892.

7 AGE — Years: 42 — Months: — — Days: — — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.

(State or country)

PARENTS

10 NAME OF FATHER George E. Brown.

11 BIRTHPLACE OF FATHER (city or town) Pa.

(State or country)

12 MAIDEN NAME OF MOTHER Catharine Clark.

13 BIRTHPLACE OF MOTHER (city or town) Pa.

(State or country)

14 Informant Mrs Nellie Cooper (sister)

(Address) 329 St. Lorraine Ave

15 FUNERAL DIRECTOR Huntington Williams Co. Registrar

6705.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/34

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John Morrissey M. D.
(Coroner)

, 19 (Address) 3632 Eolandar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shooks Church Cemetery Harrisburg Pa. Date of Burial July 30, 1934

20 UNDERTAKER J. Walter Davis ADDRESS 3518 Chestnut Ave Baltimore

Use ordinary lead pencil. Fill in all items carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 03510

F 03510

284902

Med.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1401 Ward)

Length of residence in city or town where death occurred 14y yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Sokoff

(a) Residence: No. 615 S. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/29/19

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Sokoff

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie Sadler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date July 30 1934

19. UNDERTAKER Lilly & Zilby Inc.
(Address) 4036 Wolfe St.

20. FILED JUL 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-30-1934 to 7-26-1934

I last saw h alive on 7-26-1934 Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease, active & chronic	1925
Mitral Stenosis and insufficiency.	1925
Aortic insufficiency	1934
Myocardial insufficiency	April '34
Bronchopneumonia	7/23/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Examination Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry D. Stetten M. D.
(Address) The Johns Hopkins Hospital.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. Every item of

S. 3

Spec.—9 30—A. & Co.—250 Blks

F 03511

03511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Inf. St. E-01 WARD)

2-FULL NAME Mr. Benjamin G. Foster.

(a) RESIDENCE NO. 2600 E. Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of Mrs. Ben. Foster.

6 DATE OF BIRTH (month, day, and year) July 15, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md. Maryland.

PARENTS

10 NAME OF FATHER Mr. Wm Foster.

11 BIRTHPLACE OF FATHER (city or town) Balt. (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Garet.

13 BIRTHPLACE OF MOTHER (city or town) Balt. (State or country) Maryland.

14 Informant Miss. Grace Foster.

(Address) 2809 Echodale ave. Balt. Md.

15 FILED JUL 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1934

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to July 26, 1934

that I last saw h/m alive on July 26, 1934

and that death occurred, on the date stated above, at 3:10 A.m.

The CAUSE OF DEATH* was as follows:

Static Pneumonia with Uraemia.

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Hypertension, Prostatic Hypertrophy & Retention (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7-23-34

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy & Lab. Tests.

(Signed) Richard U. Power M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 7/28 1934

20 UNDERTAKER J. F. McCully ADDRESS 130 E. Fort

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03512

HEALTH DEPARTMENT—CITY OF BALTIMORE F 03512

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Registered No. 25-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antony Guzik

(a) Residence: No. 1620 Clinch St., Curtis Bay Ward. 1620 Clinch St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catharine ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Friends

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Buried

Date 7-28 19 34

19. UNDERTAKER J. F. McCarthy

(Address) 130 E. Lombard

Filed JUL 27 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to July 25, 1934

I last saw him alive on July 25, 1934 Death is said to have occurred on the date stated above, at 3 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
c metastases to Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel, M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1968-9

F 03513

786 299 Psig

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03513

X 87-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 9-01 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Miller

(a) Residence: No. 102 Fairfield Ave Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Willson

6. DATE OF BIRTH (month, day, year) Sept 24-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 3/12

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME A. Norden

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Emma Bectold

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Peoples.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 28 1934

19. UNDERTAKER Martin W. E. Offpl Inc

(Address) 518 Cross St.

JUL 27 1934

Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4 1934 to July 25 1934

I last saw her alive on July 25 1934 Death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse encephalopathy of unknown origin	about May 1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? lumbar puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wendell Munns M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-8

F 0314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Eden St S. 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60; Months; Days; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Public Cemetery Date July 27, 19 34

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said I last saw h... alive on ..., 19..., at 6.45 a. m. to have occurred on the date stated above, at 6.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foot Accidental Drowned	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 20, 19 34

Where did injury occur? Foot of Eden St

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State) Public place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. Pearson M.D. Coroner, M. D.

(Address) 1305 N Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PHYSICIANS should

JUL 27

M. D. B 1268-9

F 03515

F 03515 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Fremont St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stacia Mason

(a) Residence: No. 506 N. Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col'd	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Mason

6. DATE OF BIRTH (month, day, year) Apr 13-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) Howard Co

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Lem. Polston

14. BIRTHPLACE (city or town) (State or country) Howard Co

MOTHER

15. MAIDEN NAME Susan Williams

16. BIRTHPLACE (city or town) (State or country) Howard Co

17. INFORMANT Lillian Mason

(Address) 506 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date July 30 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED JUL 27 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. Leach M. D. Coroner

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev 8

M. D. B. 1268-9

MF 03516

HEALTH DEPARTMENT—CITY OF BALTIMORE

03516

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Nottingham Road Ward 26)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wesley Stephens

(a) Residence: No. 615 Nottingham Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Emma Stephens

6. DATE OF BIRTH (month, day, year) Sept 18 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Stephens

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Broening

(Address) 2218 Mount Hoyle

18. BURIAL, CREMATION, OR REMOVAL

Place Old St Pauls Date July 28. 1934

19. UNDERTAKER Fort Funeral Directors Son

(Address) 2137 E. Eager St

20. FILED JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934 to July 26, 1934

I last saw h[illegible] alive on July 26, 1934 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	7-25-34
Automobile Accident	7-25-34
(Accidental Death. Inquest by Judge Evered Aug. 2, 1934)	

Other contributory causes of importance:

Name of operation. Joseph Broening M.D. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 25, 1934

Where did injury occur? Anne Arundel Co., Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway

Manner of Injury Hit by Automobile

Nature of Injury Fractured Skull, Scalp Laceration

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Wilson M. D.

(Address) 848 W 36th St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1934

M. D. B. 1268-9

F 03517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03517

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 5701 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 28 yrs. ..... mos. ..... ds.

2. FULL NAME Max Serner

(a) Residence: No. 129 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Helen Serner

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Entrepreneur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Store

10. Date deceased last worked at this occupation (month and year) Sept 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frank Serner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca Serner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address) 129 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rose Hill Date July 27 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1227 E Baltimore St

20. FILED ..... Registrar

JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934 to July 26 1934

I last saw him alive on July 26 1934 Death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Carcinoma Stomach~~	~~1932~~
Diabetes Mellitus	1928
Atrophic cirrhosis of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

16

M. D. P. 1303

F 03518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03518

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 27-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45-1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Kraus

(a) Residence: No. 4108 Northern Parkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year): Sept 23, 1857

7. AGE: Years 76 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Regnd (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 28 1934

19. UNDERTAKER: John Ullrich (Address) 2008 Orleans St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13 1934 to July 26 1934

I last saw him alive on July 26 1934 Death is said to have occurred on the date stated above, at 2.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 wks
Pericarditis & effusion	16 days
pneumococcus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp

JUL 27 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. D. B. 1268

F 03519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03519

71-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5313 Hamlet Ave Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Theresa Miller

(a) Residence: No. 5313 Hamlet Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Miller

6. DATE OF BIRTH (month, day, year) Aug 19 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis Mo

FATHER

13. NAME Louis Hefferbert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kuhps

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Miller

(Address) 5313 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date July 28 1937

19. UNDERTAKER John Schmidt

(Address) 2005 Wilkens Ave

JUL 27 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to 7/23, 1937 that I last saw her alive on 7/25 1937. Death is said to have occurred on the date stated above, at 4 08 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kyle W. Kelly M. D.

(Address) 5705 Harford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03520

F 03520

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-01 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Green

(a) Residence: No. Pasadena-Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 2-18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Hall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy Md. July 29 34

19. UNDERTAKER James A. Harris

(Address) [illegible]

[illegible] Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-18-1934 to 7-26-1934

I last saw him alive on 7-26-1934. Death is said to have occurred on the date stated above, at 5:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 wks ago
Empyema, bronchial fistula, pyopneumothorax	2 wks ago
Bilateral confluent lobular pneumonia	10 da. ago

Other contributory causes of importance:

Decayed, infected teeth.

Name of operation Tidal irrigation Date of 7-19-34

What test confirmed diagnosis? Aspiration Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Henry O. Stellwagen M. D.

(Address) The Johns Hopkins Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1934

AACo. 5-31 250B

F 03521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03521

V 48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 N Carey St 02-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs 8 mos dy How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Nellie Corrine Jackson

(a) Residence: No. 533 N Carey St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robt. V. Jackson

6. DATE OF BIRTH (month, day, year) Nov. 10 97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Thomas R Smith

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Minnie Jubilee

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Robt. V. Jackson
(Address) 533 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date July 30 34

19. UNDERTAKER James Lazarus
(Address) 1142 Druid Hill Ave

Registrar.

JL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to July 26, 1934

I last saw her alive on July 26/1934 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and/related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Oct 1933
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Cairns M. D.

(Address) 615 S. Paca St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

F 03522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03522

CERTIFICATE OF DEATH

V 191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2817 James St. (Ward) 21-A

Length of residence in city or town where death occurred 68 yrs. 11 mos. 28 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel J. Thorington

(a) Residence: No. 2817 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A. Thorington

6. DATE OF BIRTH (month, day, year) June 29 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Francis J. Thorington

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Anna A. Thorington

(Address) 2817 James St

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date July 29, 1934

19. UNDERTAKER Chas. F. Black

(Address) 1st Hall in Baltimore City

20. FILED ....., 19.. Registrar.

JUL 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934 to July 27, 1934

that I last saw h— alive on July 25, 1934 and that death is said to have occurred on the date stated above, at 2-45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	July 24
Exposure Heat	24
Diarrhea	24

Other contributory causes of importance:

Myocardial degeneration ?

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. M. Kleefisch M. D.

(Address) 1710 Park Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03523

CERTIFICATE OF DEATH

V 87-001

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Stouffer

(a) Residence: No. 514 St. Paul Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sculptor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Stouffer

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Henrietta Jones

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Miss Nella N. Stouffer

(Address) 2625 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 28, 1934

19. UNDERTAKER Geo J. Smith

(Address) 1405 Eutaw Place

Signature of Undertaker or Licensed Agent

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934 to July 26, 1934

I last saw him alive on July 26, 1934 Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	
Cerebral Hemorrhage.	

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert Hazell Jr. M.D.

(Address) 8705 Liberty Rd Owings Mills

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 271934

M. D. B. 1268-9

F 03524

03524 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3908 Woodlea Ave. (Ward) 27-81

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda E. Tuls

(a) Residence: No. 3908 Woodlea Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Tuls

6. DATE OF BIRTH (month, day, year) June 20 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Watson

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Wm. H. Tuls

(Address) 3908 Woodlea Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date July 28 1934

19. UNDERTAKER John C. Miller

(Address) 2437 E. Monument St

Huntington Williams Reg.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1934 to July 25 1934

I last saw h alive on July 21 1934 Death is said to have occurred on the date stated above at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast — Date of onset 12/mo/33

Other contributory causes of importance: Carcinoma of lung — Mar 34; Pulmonary Edema — July 8

Name of operation Resection of breast — Date of 2/24/34

What test confirmed diagnosis? Histological — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James [illegible] M. D.

(Address) 721 Medical Arts

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1934

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03525 03525

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 13-21 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles L. Smith

(a) Residence: No. 3809 Beech Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Brandberry

6. DATE OF BIRTH (month, day, year) Apr 4/1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Lawrence Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Addelman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Winfield R. Smith
(Address) 3809 Beech Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 7/28 ... 1934

19. UNDERTAKER Jones & Wilke
(Address) 1100 Madison Ave

... 1934 ... Registrar

[27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 26/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable injury to spinal cord Fractured lumbar vertebra.	7/24/34

Other contributory causes of importance:

General Arteriosclerosis

Name of operation none Date of ...

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/24/34

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home-Slipped and fell in bath tub.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner . M. D.

(Address) 508 E Preston Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

AACo. 5-11 250B

F 03526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03526

V 51

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 W. Conway St. St. 27-01 Ward)

Length of residence in city or town where death occurred Life - yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob W. Leibert.

(a) Residence: No. 546 W. Conway St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine L. Leibert.

6. DATE OF BIRTH (month, day, year) February-25-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Basket Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Leibert.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Cole.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Willow J. Leibert.
(Address) 937 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date July-28. 1934

19. UNDERTAKER Charles J. Schwab.
(Address) 5057 N. Monroe, St.

Final Disposition

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1934 to July 25th, 1934

I last saw h... alive on July 24th 34 death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate Gland	9/1/33
Paralegia Incontinentia	4/1/34
Cardiac Failure	7/24/34

(... contributory causes of importance)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Poulton M. D.

(Address) 3909 Seminary Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1934

Spec.—1-10-21—M&T—1500 Blks.

03527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03527

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1.W. cor Mosher & Linden Ave (St.) 14-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph James Cassidy

(a) RESIDENCE No. N.E. cor Mosher & Linden Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lola Elliott Cassidy

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 60 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Francis Cassidy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Callon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mrs. Cassidy (Address) 1.W. cor Linden Ave

15 [illegible] Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/25 1934

17 I HEREBY CERTIFY, That I attended deceased from 6/1 1930 to 7/25 1934 that I last saw h[illegible] alive on 7/25 1934 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows: Angina Pectoris 1 Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Cassidy M. D.

(Address) 1 Wendover Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: July 28 1934

20 UNDERTAKER: Rita Medifield — ADDRESS: 914 Eutaw St

JUL 27 1934

8.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-9

F 03528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03528

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH — South Balto Gen Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St. [illegible] Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fredrick Cline

(a) Residence: No. 17E Henrietta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 1st 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (H2O)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Fredrick Md

FATHER

13. NAME Fredrick Cline Sr

14. BIRTHPLACE (city or town) (State or country) Fredrick Md

MOTHER

15. MAIDEN NAME Lucretia Webster

16. BIRTHPLACE (city or town) (State or country) Fredrick Md

17. INFORMANT Samuel Cline

(Address) 17 E. Henrietta st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet, Fredrick Md Date July 28th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934 to July 26, 1934 last saw him alive on July 26, 1934 Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal syphilis	?
Myocardial degeneration	?
Myocardial dilitation	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James L. Webb, M. D.

(Address) 1213 Light St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1934

M. D. B. 1268-9

F 03529

F 03529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp) St. 16-41 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Mary Paula (Malia

(a) Residence: No. St. Bernardine Convent St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-26-75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Mathew J. Malia

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Marie Cavanaugh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Ruddy
(Address) 1608 Cedar Ave. Scranton Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Moscow, Pa Date July 27 1934

19. UNDERTAKER Chas. F. Brown & Son
(Address) 118 N. Mt Royal Ave

FILED Aug 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-34 19

22. I HEREBY CERTIFY, That I attended deceased from 7-6-34, 19... to 7-27-34, 19...

I last saw her alive on 7-27-34, 19... Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarction	7-7-34

Other contributory causes of importance:

Pulmonary Embolism
Adeno carcinoma of uterus

Name of operation Hysterectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert H. Allison M. D.

(Address) Bon Secours Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1934

M. D. B. 1268-9

F 03530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03530

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH: Rochambeau Apartments

CITY OF BALTIMORE: (No. 1 W. Franklin St., 4-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Anne E. Quinn

(a) Residence: No. 1 W. Franklin St., Ward.
(Usual place of abode) (If not in city or town, give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph E. Quinn

6. DATE OF BIRTH (month, day, year): --------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 62	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: Henry S. Buckless

14. BIRTHPLACE (city or town) (State or country): -------- Ireland

MOTHER

15. MAIDEN NAME: Elizabeth McQuade

16. BIRTHPLACE (city or town) (State or country): -------- Ireland

17. INFORMANT: Joseph E. Quinn

(Address) 1 West Franklin Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 7/30, 19 34

19. UNDERTAKER: Henry W. Myers & Son

(Address) 805 N. Eutaw St.

Hampton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 19 33 to July 27, 19 34

I last saw her alive on July 24, 19 34 Death is said to have occurred on the date stated above, at 7:04 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Other contributory causes of importance: Cerebral Hemorrhage	7/30/34
	1930

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Gorb M. D.

(Address) 1811 Eutaw Place

A4Co. 5-31 2508

F 03531

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03531

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wyman Park Apts 513-01 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia de Goey

(a) Residence: No. Wyman Park Apts St., Beachaven 40 1st. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1851

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Wm de Goey

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Jenkins

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs A. McConachie

(Address) 805 Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date July 28 1934

19. UNDERTAKER Lowry W. Perkins Sons Co.

(Address) McCulloh & Richards Sts.

July 28 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 8 —, 1934, to July 26, 1934

I last saw h.r alive on July 26, 1934 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	1 yr
Myocardial insufficiency	4 mo

Other contributory causes of importance:

Arterio sclerosis	10 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. J. Keller, M. D.

(Address) 727 W. Monument

Information should be carefully supplied. All questions should be answered. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

VF 03532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03532

186-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antonina Rosinska

(a) Residence: No. 604 S. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michal Rosinska

6. DATE OF BIRTH (month, day, year) 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Krzyzynski (Address) 604 S Streeper St

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date 7/30 '34

19. UNDERTAKER John J Dlugosz (Address) 2811 Aisquith St

H. Lee Thilenius, M.D. Registrar

20. FILED JUL 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19... I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary and Arterial Hypertension	
Other contributory causes of importance: Accidental Fracture of neck of Left Femur	

Name of operation ... Date of No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accid Date of injury 7/16, 1934

Where did injury occur? 604 S Streeper
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fract of L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Gegorowski M. D. Coroner

(Address) 1806 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

M. D. B. 1268-9

✓ F 03533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03533

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH Good Shepherd Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N Gilmore St., 14-21 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lorrell

(a) Residence: No. 1517 Argyle Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ Henrietta Lorrell

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henrietta Lorrell

(Address) 1318 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 27 1934

19. UNDERTAKER T. A. Brooks

(Address) 1413 N. Carey St

20. FILED JUL 28 1934

MEDICAL CERTIFICATE OF DEATH 7/26

21. DATE OF DEATH (month, day, year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23 1934 to July 26 1934. I last saw him alive on July 26 1934. Death is said to have occurred on the date stated above, at 1.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 days
Hypertensive cardio-vascular disease	3 weeks

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. Marshall M. D.

(Address) 1838 Druid Hill Ave.

53

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2268-9

F 03534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03534

CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH — Dead on arrival

CITY OF BALTIMORE: (No.) St Josrph Hospital St. (8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Louis Kirk Ittner

(a) Residence: No. 1700 Crystal Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — Paul Ittner

14. BIRTHPLACE (city or town) (State or country) — Balto., Md.

MOTHER

15. MAIDEN NAME — Mary Williams

16. BIRTHPLACE (city or town) (State or country) — Balto., Md.

17. INFORMANT — Paul Ittner

(Address) 1700 Crystal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date July 30, 1934

19. UNDERTAKER — John Ulbrich

(Address) 2008 E Oliver St

JUL 28 1934 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26/34 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, about 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Malnutrition	
Some Intestinal lesion	
(Under developed)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Haussner Coroner . M. D.

(Address) 508 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03535

HEALTH DEPARTMENT—CITY OF BALTIMORE

03535

CERTIFICATE OF DEATH

141

1. PLACE OF DEATH Good Shepherd Hos 29-01 Registered No.
CITY OF BALTIMORE (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Taylor
(a) Residence: No. 404 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fma
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (Write the word) Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wilbur Taylor
6. DATE OF BIRTH (month, day, year) Sept 27-1908
7. AGE Years 25 Months 10 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Philip Smith
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Elizabeth Jones
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lula Coltins
(Address) 3231 Mount

18. BURIAL, CREMATION, OR REMOVAL
Place Capon Va Date July 29 1934

19. UNDERTAKER Warren E. Wright
(Address) 2025 Eutaw Pl

20. FILED Huntington Williams Registrar.
July 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..
I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 months

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leslie Buck M. D.
Coroner
(Address)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1208-9

F 03536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03536

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Eutaw Place St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Wigginton

(a) Residence: No. 1520 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1934

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or 2 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Gerald Bur Wigginton

14. BIRTHPLACE (city or town) (State or country) Worchester Va

MOTHER

15. MAIDEN NAME Irene V. Witt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address) 1520 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins College Date July 27, 1934

19. UNDERTAKER
(Address)

FILED JUL 28 1934 Huntington Williams, Registrar

0386

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to July 26, 1934

I last saw her alive on July 26, 1934 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Other contributory causes of importance:	
[illegible]	July 26

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave.

95

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03537

93 F 03537

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 11-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Middleton Williams

(a) Residence: No. 953 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Williams

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lula Tweall (Address) 1300 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 7/28 1934

19. UNDERTAKER Jos. W. Rose & Son (Address) 638 N. Eutaw

Huntington [illegible]

JUL 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Eugene Kelly M. D.
Coroner

(Address) 5715 Reisterstown Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

63538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03538

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Patterson Park ave Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. Lifetime

2. FULL NAME Joseph F. Sullivan

(a) Residence: No. 928 N. Patterson Park ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Sullivan

6. DATE OF BIRTH (month, day, year) July 19-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Co. &c

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ann Dewitt

16. BIRTHPLACE (city or town) (State or country) Philada.

17. INFORMANT Jane F. Sullivan
(Address) 928 N. Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem. Date July 30. 1934

19. UNDERTAKER Chas. F. Kraus & Son
(Address) 1511 Pennsylvania ave

JUL 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27-1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Probably Coronary Stenosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 508 E. Lanvale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

F 03539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03539

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No ... St. 76-81 ... WARD)

2 FULL NAME Katie Goodwill

(a) RESIDENCE NO. 930 Bonney St ... ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Herman Goodwill

6 DATE OF BIRTH (month, day, and year): Sept. 25 1877

7 AGE: Years: 56 | Months: 10 | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Lautenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant (Address): Daughter 930 Bonney St.

15 [illegible]

JUL 28 1934

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-26-34

17

I HEREBY CERTIFY, That I attended deceased from 7-25, 1934, to 7-26, 1934

that I last saw her alive on 7-26-34, 19

and that death occurred, on the date stated above, at 10:5 P m.

The CAUSE OF DEATH* was as follows:

1. Diabetes mellitus

2. Cerebral hemorrhage

(duration) ... yrs. ... mns. ... ds.

CONTRIBUTORY (Secondary): Coma, myocardial failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Somers M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or In Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. | DATE OF BURIAL: July 30 1934

20 UNDERTAKER: Stephen J. Fealkowski | ADDRESS: 1000 Kenwood Ave

121

M. D. R. 1268-9

F 03540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03540

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Fremway Apts St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? 30 yrs 9 mos 17 ds.

2. FULL NAME Walter Tod

(a) Residence: No. Fremway Apts St., 12 Ward. Sunelin Fla.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Ertz Tod

6. DATE OF BIRTH (month, day, year) Oct-13-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired C.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Aurora Illinois

FATHER

13. NAME William Tod

14. BIRTHPLACE (city or town) (State or country) Fort Dodge Iowa

MOTHER

15. MAIDEN NAME Elizabeth Tod

16. BIRTHPLACE (city or town) (State or country) Fort Dodge Iowa U.S.

17. INFORMANT Mr. D. B. Sherwood - (friend)

(Address) Curtis Bay - Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date July 28 1934

19. UNDERTAKER Stewart & Mcbride

(Address) 1080 Wilkens Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6th 1934 to July 27th 1934.

I last saw h alive on July 27 1934. Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis & Pneumonia	7 July 34
Other contributory causes of importance: Cardiac Dilation & Hypostatic Pneumonia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 5. Chas St

7/27/34

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

L 28 1934

M. D. B. 1268-9

✓ F 03541

03541 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fisher Kuth.

(a) Residence: No. ... St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD.

FATHER

13. NAME John Fisher Kuth.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Florence Thelma Morton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John Kuth
(Address) 136 W. Fort ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/28/1934

19. UNDERTAKER Colwell Bowers & Son
(Address) 901 Hollins St.

20. FILED ... 19... Registrar

JUL 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-23-34, 19... to 7-27-34, 19...

I last saw h[illegible] alive on 7-27-34, 19... Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Brain due to Inf. Injury.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. P. 1268-9

F 03542

03542 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 121 N. Carlton St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza McConkey.

(a) Residence: No. 121 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. McConkey

6. DATE OF BIRTH (month, day, year) Dec 11, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Noah Anderson

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME Annie J.

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Mabell Hall Daughter

(Address) 121 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 30, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED [illegible] Registrar.

L 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/8 to July 26th 1934

I last saw h[illegible] alive on June 1934 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

(a) Cerebral Hemorrhage Duration 3 days

Antecedent causes

Other contributory causes of importance Contributory Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 622 N. Arlington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 03543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03543

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Schraeder St., Wilson Ward) 18-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Carroll

(a) Residence: No. 519 N. Schraeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Oscar. Berry.

6. DATE OF BIRTH (month, day, year) June 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 7/33

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Galena Md

FATHER

13. NAME Alfred Carroll.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Gaskins

16. BIRTHPLACE (city or town) (State or country) Md Wilson

17. INFORMANT Emma Gaskins (Sister)
(Address) 519 N. Schraeder

18. BURIAL, CREMATION, OR REMOVAL
Place Galena, Md. Date July 28, 1934

19. UNDERTAKER Mrs. Katie R Williams
(Address) 522 N Schroeder St.

JUL 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/34

22. I HEREBY CERTIFY, That I attended deceased from July 13th 34 to July 27 34

I last saw her alive on July 25 34 Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	7/33
Other contributory causes of importance Hypothalmic Goiter	5/33

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03544

149-002

Registered No. 7-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora Cain

(a) Residence: No. Darlington, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ben Cain

6. DATE OF BIRTH (month, day, year) Apr 20/1913

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	21	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Darlington, Md.

FATHER

13. NAME Benjamin Webster

14. BIRTHPLACE (city or town) (State or country) Darlington, Md.

MOTHER

15. MAIDEN NAME Dora Webster

16. BIRTHPLACE (city or town) (State or country) Darlington, Md

17. INFORMANT H. S. Bailey

(Address) Darlington, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Harmony Cem Date July 31 1934

19. UNDERTAKER H. S. Bailey

(Address) Darlington Md

FILED JUL 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- hemorrhage into rt broad ligament. Ruptured uterus inlower segment.	

Other contributory causes of importance:

Child birth-tranverse position and rupture when entered into hospital.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. S. Bailey Coroner, M. D.

(Address) 5086 North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208

E 03545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03545

CERTIFICATE OF DEATH

287 35 03545

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas A Johnson

(a) Residence: No. 1916 - 13 st St., ... Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Lovina

6. DATE OF BIRTH (month, day, year) — 5-25-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	V	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Lawyer 042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Ga.

FATHER

13. NAME — Robert Johnson

14. BIRTHPLACE (city or town) (State or country) — S. Car

MOTHER

15. MAIDEN NAME — Savannah Tinsby

16. BIRTHPLACE (city or town) (State or country) — Ga

17. INFORMANT — Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/30/34

19. UNDERTAKER — Wm. McEwen & Son
(Address) 1820-9 N. Fre...

JUL 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July-1, 1934, to July-28, 1934

I last saw him alive on July 28, 1934. Death is said to have occurred on the date stated above, at 3.27 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	2 yrs?
	over

Other contributory causes of importance:
Pyelonephrosis, bilateral

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter W. Baker, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-9 F 03546

F 03546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

K 107-001

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., Ward) 12-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hamish Hunt

(a) Residence: No. Parkton Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Hunt

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hugh Hunt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah Hunt

(Address) Parkton Md.

18. BURIAL, CREMATION, OR REMOVAL Md

Place Mt Zion Gardens Date July 31, 1934

19. UNDERTAKER Paul Hattenstein

(Address) Paul Funeral Co.

20. FILED JUL 29 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934, to July 28, 1934

I last saw him alive on July 28, 1934 Death is said to have occurred on the date stated above, at 10:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Coroner's Case	

Other contributory causes of importance:

Emphysema

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 3 3

M. D. Register No. F 03547

F 03547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 E. Fort Ave. Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Anetta Diaz

(a) Residence: No. 750 E Fort Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Harry Diaz

6. DATE OF BIRTH (month, day, year): Jan 11 1892

7. AGE: Years 32 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): | 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Geo E Brome

14. BIRTHPLACE (city or town) (State or country): Balt. Md.

MOTHER

15. MAIDEN NAME: Hattie West.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Harry Diaz

(Address) 750 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date July 30, 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St.

20. FILED JUL 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934 to July 27, 1934

I last saw her alive on July 27, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac myopathy (myocarditis)

Other contributory causes of importance:

Bilateral Hypostatic Pneumonia

Name of operation: Date of

What test confirmed diagnosis? clinical + lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A M Barranco M. D.

(Address) 436 E Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 83548 Dr Albert Sigwald 1613 E. North Ave

F 83548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N. Milton Ave Ward) 8th

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna F. Conklin

(a) Residence: No. 1312 N. Milton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. ~~Husband of~~ (or) WIFE of: Joseph Conklin

6. DATE OF BIRTH (month, day, year): Aug 9th 1860

7. AGE: Years 73; Months 7 11; Days 18; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Oct 1924

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: Joseph Carter

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Margaret Carter

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Ida George

(Address): 1312 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: July 30th 1934

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: Huntington Williams Sept

JUL 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to July 27 1934

(Last saw ~~him~~ her alive on July 26 1934. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1926
Chronic Myocarditis — "

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Sigwald M. D.

(Address) 1613 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1369

F 03549

✓ F 03549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N Eden St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Johnson

(a) Residence: No. 823 N Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) approx 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
approx 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Thomas Johnson Jr. (son)

(Address) 1723 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date July 29th 1934

19. UNDERTAKER Wm. Robt A. Elliott & Daughter

(Address) 1129 Caroline St

JUL 29 1934

Huntingtown Maryland

8 1104

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934 to July 27 1934

I last saw him alive on July 26 1934 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Nephritis — Date of onset Probably complete.

Other contributory causes of importance:

extreme Hypertension and Uremia

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Leary M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 03550 ✓ F 03550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1927 Orleans St., Ward) 6-01

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hyman Patts

(a) Residence: No. 1927 Orleans St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Sarah

6. DATE OF BIRTH (month, day, year): 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Patts

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Dora —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Morris Patts
(Address) 1927 Orleans st

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Mt Carmel Rd Place July 29 1934
North Point Rd

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1124 E Baltimore st

20. FILED JUL 29 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1934 to July 27, 1934

I last saw h[illegible] alive on July 27, 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	May 34
Arteriosclerosis	1934

Other contributory causes of importance:

Cerebral Hemorrhage	July 27 1934

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2230 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. S. B. 126

F 03551

287373

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03551

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 10 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Midon

(a) Residence: No. 2801 Santa Fe St., One Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 3/18/1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Midon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Belle Bremberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Bikkur Holem Cemetery Date July 29, 1934

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Balto St

20. FILED 19 Registrar

L 28134 Huntington Avenue, Boston, Mass.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 27, 1934.

I last saw him alive on July 27, 1934. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Tuberculous Meningitis	3 days
(2) Pulmonary Tuberculosis	2 yrs
(3) Tuberculous Epididymitis, Left	4-15-34

Other contributory causes of importance:

Name of operation Epididymectomy, left + lumbar puncture Date of 7-23-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify,

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp

M. D. P. 1200 F 03552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03552

CERTIFICATE OF DEATH

121 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l Hosp St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Clarence Heathcote

(a) Residence: No. 142 W Cross St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Heathcote

6. DATE OF BIRTH (month, day, year): Nov 19 1874

7. AGE: Years 59 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: P. R. R. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 009

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Louis Heathcote

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Emma Kramer

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Dora Heathcote
(Address) 2060 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 7/30/ 1934

19. UNDERTAKER: Philip Sterling Sons
(Address) 2016 Eastern Ave

FILED JUL 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22. 1934 to July 27. 1934

I last saw him alive on July 27. 1934 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	7/19/34
peritonitis	7/21/34

Other contributory causes of importance:

Name of operation appendectomy Date of 7/23/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. M. Cassard M. D.

(Address) So. Balto. Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-4 F 03553

F 03553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6226 Eastern Ave St., 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Witzgall

(a) Residence: No. 6226 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Witzgall

6. DATE OF BIRTH (month, day, year) June 16 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME McGregor

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Witzgall

(Address) 6226 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Mathews Date July 30 19 34

19. UNDERTAKER Philips Merrill & Son

(Address) 2016 Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1933 to July 27 1934

I last saw h[illegible] alive on July 27 1934. Death is said to have occurred on the date stated above, at 1 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia	May
metastatic carcinoma	1934

Other contributory causes of importance:

carcinoma of bladder.	?

Name of operation None Date of

What test confirmed diagnosis? findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 447 N. Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

L 25133 Filed in Baltimore, Md.

M. D. B. 1208-9

F 03551 F 03554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?? yrs. ?? mos. ?? ds. How long in U. S. If of foreign birth? ?? yrs. ?? mos. ?? ds.

2. FULL NAME Mary Mathews

(a) Residence: No. ? Colvin St., Ward. ?

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60+	?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

FATHER

13. NAME Wm. Chisley

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Eliz. Curtis

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 7/30/34

19. UNDERTAKER J. J. Foley & Sons (Address) 1318 Eutaw St

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931 to July 23, 1934

I last saw h. alive on July 23, 1934 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	?
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Pregnel, M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

JUL 29 19

M. D. F. 1930

F 03555 ✓ F 03555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Provident Hosp. St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robt. Carter

(a) Residence: No. 2323 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Flora Carter

6. DATE OF BIRTH (month, day, and year): Dec 18-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 003

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: ..... mo

12. BIRTHPLACE (city or town) (State or country): md

FATHER — 13. NAME: Wm H. Carter

14. BIRTHPLACE (city or town) (State or country): md

MOTHER — 15. MAIDEN NAME: Mary Franklin

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT (Address): Flora Carter 2323 McCulloh

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt. Auburn Date: 6/29/34

19. UNDERTAKER (Address): Mrs. Geo. H. Hollo & Son 1631 Druid Hill Ave

20. FILED ..... 19..... Registrar

JUL 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Pistol wound of heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of Injury July 25 1934

Where did injury occur? 2323 McCulloh.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Pistol wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leek Coroner M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 126

F 03556

✓ F 03556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W 40 St. 9 Ward 61

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Louisa Virginia Morgan

(a) Residence: No. 700 W. 40 St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 5th 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Joseph Hoffman

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Mary Livingston

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT H. Reed
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date July 30 1934

19. UNDERTAKER Henry H Wilke
(Address) 1101 Edmondson Ave

JUL 29 1934 19 ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to July 26 1934

I last saw h[illegible] alive on July 26 1934 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Over 5 yrs
Arteriosclerosis	
Arterial hypertension	
Cardiac Hypertrophy	
Other contributory causes of importance: Uremia	July 10 1934

Name of operation ... Date of ...

What test confirmed diagnosis? P. M. & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W W B Mayo, M. D.

(Address) Medical Arts Building

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-3

F 03557

F 03557

HEALTH DEPARTMENT—CITY OF BALTIMORE

285359

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millard F Watkins 16-01

(a) Residence: No. 2717 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 8-19-56

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 061

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Watkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann Greentree

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL JUL 31 1934
Place Greenmount Date 19

19. UNDERTAKER Geo W Settle
(Address) EDMONDSON AVE

20. FILED JUL 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10. 1934 to July 27. 1934
I last saw him alive on July 27. 1934. Death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	7-27-34
Myocarditis, chronic	1931?
Nephritis, chronic.	1930?
Other contributory causes of importance: Benign prostatic hypertrophy	1930
arterio-sclerosis	

Name of operation Perineal prostatectomy Date of 7-27

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter W Baker M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. 12-34 F 03558

F 03558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. So. Balto. Gen'l Hosp. St., Ward) 23-U

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur F. Lifsey Jr.

(a) Residence: No. 1600 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Arthur F. Lifsey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ada Lehmann

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Arthur Lifsey
(Address) 1600 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Pk Date July 31 1934

19. UNDERTAKER C. Howard Evans
(Address) 35 E Fort Ave

FILED JUL 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934, to July 28, 1934

I last saw him alive on July 28, 1934. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis.	7/27/34
peritonitis.	7/25/34

Other contributory causes of importance:

Name of operation appendectomy Date of 7/26/34

What test confirmed diagnosis? question Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. M. L. Cannie, M. D.

(Address) So. Balto. Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208

F 03559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03559

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Gilmor St., Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Linton Arnold Jones

(a) Residence: No. 1535 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 18. 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Stone Va

FATHER

13. NAME Jarvis Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Carrie Gaskins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Jones

(Address) 1535 N Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 7/29. 1934

19. UNDERTAKER Thomas E Kobson

(Address) 1303 Pressman St

20. FILED 19 Registrar.

L 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1934 to July 26 1934

I last saw h[illegible] alive on July 26 1934 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 mo

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Sputum Exam. at Health Dept. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Burwell Fargo M. D.

(Address) 7737 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 03560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03560

115-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4982 Denmore Ave Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Grace A. Johnson

(a) Residence: No. 4982 Denmore Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13th 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Early H. Johnson

14. BIRTHPLACE (city or town) (State or country) Warltown Va

MOTHER

15. MAIDEN NAME Grace D. Kellam

16. BIRTHPLACE (city or town) (State or country) Savageville Va

17. INFORMANT Early H. Johnson

(Address) 4902 Denmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bell Haven Va. Date July 29 1934

19. UNDERTAKER Mullen & Toth

(Address) 1217 E Fort Ave

20. FILED JUL 29 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-27-34 a m, 1934, to 7-28, 1934

I last saw her alive on 7/28, 1934. Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis — Date of onset 1926

Other contributory causes of importance:

Nephritis

Myocarditis

Chronic Bronchitis (Influenza)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther F. Guyton M. D.

(Address) 502 East Eager Ave

JUL 23 1934

A&Co. 5-31-250B

F 03561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03561

CERTIFICATE OF DEATH

118

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2654 N North Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 5yr mos ds. How long in U.S. if of foreign birth? yrs. mos ds.

2. FULL NAME Agnes Graham

(a) Residence: No. 2654 N North Av. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Graham.

6. DATE OF BIRTH (month, day, year) Mar 23 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John J. Hunt.
14. BIRTHPLACE (city or town) (State or country) Prince Geo Co. Md.

MOTHER

15. MAIDEN NAME Winifred Egan
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Charles Graham
(Address) 2654 N North Av.

18. BURIAL, CREMATION, OR REMOVAL. Place Mem Cathedral Date July 30 1934

19. UNDERTAKER H C Branning Sons
(Address) 1136 Eutaw Gro. & St

20. [illegible]

JUL 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) July 27, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to July 27, 1934
I last saw h[illegible] alive on June 27 1934 death is said to have occurred on the date stated above, at 8:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	July 1934
Cardiac Decompensation	July 27 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

H. B. Wellen M. D.
(Signature)

7/29/34 2757 W. North Ave

Spec—9-30—A. & Co.—250 Blks

F 03562

✓ F 03562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary ST. 6-01 WARD)

2-FULL NAME Edwin M. Hall.

(a) RESIDENCE NO. Virginia Beach, Va. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 24 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	Wht.	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of mrs. Mary Elizabeth Hall

6 DATE OF BIRTH (month, day, and year) May 14, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1 2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Administrator

(b) General nature of Industry, business, or establishment in which employed (or employer) Iron & Steel 086

(c) Name of employer Not known.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Mr Jerry J. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Florence Cherry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Edwin R. Hall (Address) Norfolk Va

15 Filed JUL 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1934

17

I HEREBY CERTIFY, That I attended deceased from July 6 1934 to July 28 1934

that I last saw him alive on July 28 1934.

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & hypertension, enlarged heart

Chronic nephritis, secondary to arteriosclerosis

(duration) many yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral vascular accident, right. Intracerebral hemorrhage

(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No Typical examination & laboratory tests

What test confirmed diagnosis?

(Signed) Samuel Morrison M. D.

, 19 (Address) 2010 Bryant Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — DATE OF BURIAL July 31 1934

20 UNDERTAKER John C. Mitchell Home for Funerals ADDRESS Norfolk Va

TION is very important. See instructions on back of certificate.

M. D. B. 120

F 03563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N. Eutaw St., Ward 11-21)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C. Sanders

(a) Residence: No. 1101 N. Eutaw St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel F. Sanders

6. DATE OF BIRTH (month, day, year) Jan. 4, 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Applegarth

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth A. Mitchell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Morgan Sanders

(Address) 1101 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date July 30, 1934

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED

L 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to July 27, 1934

I last saw her alive on July 27, 1934. Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1925
Arterio Sclerosis	1927
Myocarditis	1933
Other contributory causes of importance: Cerebral Hemorrhage	Dec. 1933

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Herbert F. Fiddeman M. D.

(Address) 6 E. Biddle St.

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 3268-9

F 03564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03564

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 Augusta Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? abt. 3 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bessie L. Hedges. 20-01

(a) Residence: No. 17 Augusta Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Fort Wayne (State or country) Ind.

FATHER

13. NAME Ba. S. Hedges.

14. BIRTHPLACE (City or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Mary. Roberts.

16. BIRTHPLACE (City or town) (State or country) West. Va.

17. INFORMANT Mrs John T. Miller.

(Address) 17 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL Martinsburg. W. Va. Date 7-30th 1934

19. UNDERTAKER E. & B. Starr

(Address) 115 E West St

20. FILED 7-30-1934 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to July 28 1934

I last saw h[illegible] alive on July 28 1934 Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage caused By Higer Blood pressure	
Other contributory causes of importance: Arterio-Sclerosis	

Name of operation Exam. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas S. Bowyer M. D.

(Address) 3632 Frederick Ave.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. F. 1268-2 F 03565 ✓ F 03565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Samuel Edelcourt

(a) Residence: No. 1816 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Henry Ahn Date 7/29/34 19

19. UNDERTAKER
(Address)

20. FILED 19 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to July 29, 1934.
I last saw him alive on July 29, 1934. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac hypertrophy & dilatation	
Cardiac insufficiency	

Other contributory causes of importance:

Cardiac arrythmia, auricular fibrillation	
Chronic Nephritis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.
(Address) Sinai Hospital

M. D. B. 1268-1 F 03566 ✓ F 03566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Anna Aronson

(a) Residence: No. 917 Whitelock St St., ... Ward. New York

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Reuben Aronson

6. DATE OF BIRTH (month, day, year) 5

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home's wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Uriah —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Levy Southern Cem. Date 7-29- 1934

19. UNDERTAKER Jack Davis Co 1537 E. Baltimore

20. [illegible] 1934 Huntington Williams

7 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21 1934 to July 29 1934

I last saw her alive on July 29 1934. Death is said to have occurred on the date stated above, at 7.20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral hemorrhage	
hemiplegia - right	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

1 03567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03567

45

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 E 32nd St., 9 Ward)

Registered No. 9-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Winfield Moore

(a) Residence: No. 2037 E 32nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Sallie Moore

6. DATE OF BIRTH (month, day, year) May 1 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Thomas Moore

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Brantle

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs William J Bennett

(Address) 2037 E 32nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 7/30 19 34

19. UNDERTAKER Mahoney & Sebastian

(Address) 22 S Broadway

20. FILED 7/30 19 34 Thomas J. Pentz Registrar

L 29193

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 19 34

22. I HEREBY CERTIFY, That I attended deceased from 5/20 19 34 to 7/25 19

I last saw h[im] alive on 7/21 19 34 death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis of heart & arteriosclerosis	?
Other contributory causes of importance:	
Arteriosclerosis & senile factors	

Name of operation None Date of

What test confirmed diagnosis? Symptoms & autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry A Rust Code M. D.

(Address) 1623 E Monument

M. D. 1926 F 03568

F 03568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. Washington St., 7 Ward) 01

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Concetta Bongiorno

(a) Residence: No. 1006 E. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mariano Bongiorno

6. DATE OF BIRTH (month, day, year) October 24 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44.	9.	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Saramiti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta Bongiorno

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mariano Bongiorno
(Address) 1006 E. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 30 1934

19. UNDERTAKER Kendall Kupisky
(Address) 200 S. Eden St

20. FILED ... Registrar.

L 307934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27-34

22. I HEREBY CERTIFY, That I attended deceased from 7-27 19 34 to 7-27 19 34

I last saw her alive on 7-26 19 34 Death is said to have occurred on the date stated above, at 6 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Uterine Hemorrhage
Hypertension
Chronic Nephritis

Date of onset: 3 days

Other contributory causes of importance:

Anemia

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1765-9

F 03569

F 03569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 933 Wilmer St., 12-81 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Mason

(a) Residence: No. 933 Wilmer St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elenora Mason

6. DATE OF BIRTH (month, day, year): May 19 1890

7. AGE: Years: 44 | Months: 2 | Days: 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Edward Mason md

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Mary Elizabeth Snowden md

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Elenora Mason

(Address) 933 Wilmer

18. BURIAL, CREMATION, OR REMOVAL

Place Int Cedmont Date 7-30 1934

19. UNDERTAKER: Daniel Easton

(Address) 716 Ca ave

Filed JUL 30 1934 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	7 days

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

Cor.—12-9-26—A Co.—200 Bks.

F 03570

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03570

93-003

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 110 N. Gilmor St., ____ Ward) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Nelson

(a) RESIDENCE NO. 110 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE: Years 62 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Cora Worden

(Address) 1644 Pa ave.

Filed ..... 19 ..... Registrar

30 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

the con and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Myocarditis (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) ..... yr. ..... mos. 2 ds.

(Signed) Joseph L. Valentine M. D.

(Coroner)

July 29 1934 (Address) 16 So Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 7-30 1934

20 UNDERTAKER: Daniel Farlan ADDRESS 9 1/2 Pa ave.

M. D. F 03571 Motshman ✓ F 03571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. 13-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 33rd Ward) 8

Length of residence in city or town where death occurred 41 yrs. 3 mos. 30 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Charles Motshman

(a) Residence: No. 1019 West 38th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Schaeffer

6. DATE OF BIRTH (month, day, year) March 28, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	29 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 908

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Mrs. Chas H. Motshman

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Evelyn Dasch

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Florence E. Motshman

(Address) 1019 W 38 St

18. BURIAL, CREMATION, OR REMOVAL

Date July 30 19 34

19. UNDERTAKER H. H. Marshall

(Address) 3359 Falls Rd

20. FILED . 19 Registrar

JUL 30 1934 Assistant for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to July 27, 1934

I last saw him alive on July 25, 1934. Death is said to have occurred on the date stated above, at 10 15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (Staphylococcus)	7-23-34
Broncho-pneumonia	7-25-34
Abscess of Left Kidney	7-4-34 ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis B. Coli Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. W. Garis M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 03572 F 03572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2600 Ward) 01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Kershaw

(a) Residence: No. 506 S Clinton St St., Ward.
(Usual place of abode) 40 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Amelia Kershaw

6. DATE OF BIRTH (month, day, year) June 29th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine 030

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Wilmington N. C.

FATHER

13. NAME Dennison Kershaw

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mc Keon

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Joseph T. Rackley
(Address) 506 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Bell View Cemetery Wilmington N.C. Date July 30th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. Filed ~~, 19~~ Registrar

L 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to July 29 1934

I last saw him alive on July 29 1934. Death is said to have occurred on the date stated above, at 12.5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	July 27 '34
Carcinoma of sigmoid	6 mos
Chronic arteriosclerotic heart disease	Approximately

Other contributory causes of importance:
Age & debility.

Name of operation Resection of sigmoid Date of 7-16-34

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. Sondheimer M. D.
(Address) Sinai Hospital

OCCUPATIONS is very important. See instructions on BACK OF CERTIFICATE.

M. F 03573 ✓ F 03573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3511 (St.) Spaulding Ave. (Ward) 27-01 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Klug

(a) Residence: No. 3511 Spaulding Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Klug.

6. DATE OF BIRTH (month, day, year) July 22 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Broseker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Schall

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sara Eibeton

(Address) 3511 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 30 1934

19. UNDERTAKER Wm. H. Elliott & Son

(Address) 1012 E. Fayette St.

Signature of Undertaker or Licensed Agent: Clayton Williams N.D.

JUL 30 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to July 29 1934

I last saw h alive on July 19 1934 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of abdomen (origin unknown) with metastasis in epigastrium	6 mos
Other contributory causes of importance:	over
Myocardial Degeneration	several years

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) I. Theis M. D.

(Address) 24 E. Lanvale

M. D. B. 1265-9

F 03571

F 03574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 19-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Aged Men's Home (St.) 1400 W. Lexington St. St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 87 yrs 8 mos 14 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME George Kolb
(a) Residence: No. 1400 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Kolb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Stephens

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lizzie Bacher
(Address) 3509 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL Carroll Co.
Place Wesley Chapel July 30, 1934

19. UNDERTAKER Wm. Tredener & Son
(Address) North & Penna Ave

JUL 30 1934 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 34
I last saw him alive on July 27 1934 Death is said to have occurred on the date stated above, at 3:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Generalized Arterio-Sclerosis.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B. Jarrell M. D.
(Address) 1115 St. Paul St. Co.

OCCUPATION is very important. See instructions on back of certificate.

F 03575

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03575

CERTIFICATE OF DEATH

93-003

9-01 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633-E-34 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Julia Cole

(a) Residence: No. 633-E-34 St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Francis Cole

6. DATE OF BIRTH (month, day, year): May 8-1850

7. AGE — Years: 84 | Months: 2 | Days: 19 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: James Harker

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Rebecca Prince

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Mary M. Mason

(Address) 633-E-34

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: July 30 1934

19. UNDERTAKER: W. Purnell Brown & Son

(Address)

JUL 30 1934 Registrar for Williams, Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5- 1934 to July 27 1934

I last saw h alive on July 15- 1934. Death is said to have occurred on the date stated above, at 10.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Impoverishment	1924
Other contributory causes of importance:	
Senile Cardiac Debility	7/27/25

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert [illegible] M. D.

(Address) 2112 Mary[illegible]

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-H [illegible] F 03576

Blanche D O'Connor

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03576

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3010 Gwynns Falls Parkway Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Charles Fred OConnor Blanche Dee O'Connor

(a) Residence: No. 3010 Gwynn Falls Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Fred OConnor

6. DATE OF BIRTH (month, day, year) March 15th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. W. Harig

14. BIRTHPLACE (city or town) (State or country) Louisville Ky.

MOTHER

15. MAIDEN NAME Dora P. Hutchins

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr. C.F. O Connor
(Address) 3010 Gwynns Falls Pky.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 30 1934

19. UNDERTAKER Wm. Speckard & Sons
(Address) Mortuary Chapel

[illegible] Registrar.

JUL 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27/34 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 27, 1934

I last saw h er alive on 7/27/34 19 death is said to have occurred on the date stated above, at 7:45 am

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Myo-Carditis

Date of onset

Other contributory causes of importance:

Toxemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benj. O. McCleary M. D.

7/27/34 (Address) 400 N Payson

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1947-8

F 03577 ✓ F 03577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Valley St. St., 9 Ward 01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Katherine Elizabeth Haguty

(a) Residence: No. 1309 Valley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 10, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

MOTHER FATHER

13. NAME Alexander Bahn

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Katherine Brawy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary T. Haguty

(Address) 1309 Valley St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date July 31 1934

19. UNDERTAKER Henry Koch Sons, Inc

(Address) 130 E Eager St

20. FILED [illegible] Registrar.

JUL 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from December 10 1931 to July 28 1934

I last saw her alive on July 28 1934. Death is said to have occurred on the date stated above, at 5 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic nephritis	
Chronic nephritis	
Other contributory causes of importance:	
Myocardial Insufficiency	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Frank R. D. Bahn M. D.

(Address) 1323 N. Fulton Avenue.

(OCCUPATION is very important. See instructions on back of certificate.)

M. D. B. 12-30

F 03578

F 03578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 4412 Groveland Ave. (Ward) 28-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Walsche

(a) Residence: No. 4412 Groveland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank S. Walsche

6. DATE OF BIRTH (month, day, year) Dec 23 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Andrew Mc Laughlin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catharine Downey

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Frank S. Walsche

(Address) 4412 Groveland ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery Date July 30. 1934

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North ave

20. FILED [illegible] 19 [illegible] Register

L 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/10 . 34 . to 7/27 . 1934

I last saw h alive on 7/27 . 1934 Death is said to have occurred on the date stated above, at 11-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	?
Hypertension	
Uremia	3 wks ago

Other contributory causes of importance:

Arthritis chronic	1912

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E Stacy M. D.

(Address) 4012 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

F 03579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03579

CERTIFICATE OF DEATH

35

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Sq. Hospital WARD) 19-01

2 FULL NAME Virginia Tidnick

(a) RESIDENCE NO. 1709 Penna St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Conwell Tunnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Barlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ruth Tunnell

(Address) 1709 Penna St

15 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/34

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1934, to July 26 1934

that I last saw h[illegible] alive on July 26 1934

and that death occurred, on the date stated above, at 4.45 p m.

The CAUSE OF DEATH* was as follows:

Bilateral salpingitis (Specific)
Pelvic peritonitis
Bilateral Subdiaphragmatic abscesses.
Sub hepatic abscess (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) John L Van Metre M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ch

DATE OF BURIAL July 30 19 34

20 UNDERTAKER Isaiah L Brown & Son

ADDRESS 1013 Montgomery St

TION is very important. See instructions on back of certificates.

M. D. H. 126 F 03580 ✓ F 03580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., ... Ward) 15-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Johnson

(a) Residence: No. 1409 Presstman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Mr Ferrell

14. BIRTHPLACE (city or town) Mr Ferrell (State or country)

MOTHER

15. MAIDEN NAME Mr Ferrell

16. BIRTHPLACE (city or town) Mr Ferrell (State or country)

17. INFORMANT James Johnson

(Address) 1409 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 7/30 34, 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Presstman St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-16-34, 19... to 7-28-34, 19... I last saw her alive on 7-28-34, 19... Death is said to have occurred on the date stated above, at 4:45 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Hypertension

Date of onset 7-16-34

Other contributory causes of importance:

Syphilis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Leigh Rogers M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-9

F 03581 ✓ F 03581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 11-01 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall Finch

(a) Residence: No. 335 W. Biddle st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug. 1, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

023

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Thomas Finch

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Pearl Smith

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 7/31 34

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Preston st

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to July 27, 1934

I last saw him alive on July 27, 1934 Death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Mayer W. Jacobson, M. D.
(Address) Baltimore City Hospitals

M. D. P. 38-9 F 03582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03582

46

15-01 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., ... Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 65 yrs. ..... mos. ..... ds.

2. FULL NAME Hochiel Shalowitz

(a) Residence: No. 4321 Reisterstown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Saul

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME N. K.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harmony Cem. Date 7-30-34, 19

19. UNDERTAKER Levy Bros. Inc.

(Address) 1739 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 34

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to July 30, 1934

I last saw him alive on July 29, 1934 Death is said to have occurred on the date stated above, at 1:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	Sept-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. Hyatt M. D.

(Address)

A4Co. 5-3 [illegible] F 03583

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03583

CERTIFICATE OF DEATH

26-01 23

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 718 S Ponca Street St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura C. Bradford

(a) Residence: No. 718 S Ponca Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) June 24, 1913

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
21	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Isaac S Bradford

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Laura Cupitola

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Isaac S Bradford
(Address) 718 S Ponca Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 8-1 1934

19. UNDERTAKER [illegible]
(Address) 1606 N Chester St

20. [illegible] 19 ...

L 30 1934

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from April 29 to July 29 1934

I last saw her alive on June 28 1934 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Aspiration & X Ray Date of

What test confirmed diagnosis? Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James Hance, M. D.
(Address) Med Arts Bldg

F 3584

HEALTH DEPARTMENT—CITY OF BALTIMORE 03584

CERTIFICATE OF DEATH

26

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St., Ward) 22-U 1 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosetta Hundley

(a) Residence: No. 211 W. Hill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Hundley

6. DATE OF BIRTH (month, day, year) 1-26-?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 (?)	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (?), Maryland (State or country)

FATHER

13. NAME John ?

14. BIRTHPLACE (city or town) ?, Maryland (State or country)

MOTHER

15. MAIDEN NAME Ida Dickson

16. BIRTHPLACE (city or town) ?, Maryland (State or country)

17. INFORMANT Balto. City Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 1, 1934

19. UNDERTAKER James A. Adams (Address) 142 N. Arlington Ave

FILED JUL 30 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1934, to 7-28, 1934

I last saw her alive on 7-28, 1934 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine & Psoas abscess formation	?
Other contributory causes of importance: malnutrition - secondary anemia	?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Wemberg M. D.

(Address) Balto. City Hospitals

M. D. B. 1931-3

03585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03585

CERTIFICATE OF DEATH

82-001

25 07

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2602 Carroll St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert F Beardsley

(a) Residence: No. 2602 Carroll St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Haven Conn

FATHER

13. NAME Samuel Beardsley

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Sarah Drake

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Frank M Beardsley

(Address) 2602 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 30 1934

19. UNDERTAKER Frederick A Cole

(Address) 2000 W Lombard St

(Signed) Harrington Williams

JUL 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h. alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/27/34

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine, M. D.
Coroner

(Address) 1 W Mt Royal Ave

M. D. B 1268-9

3586

HEALTH DEPARTMENT—CITY OF BALTIMORE 3586

CERTIFICATE OF DEATH

94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 No Bond St St., Ward) 8-01 (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah A Irwin

(a) Residence: No. 1421 No Bond St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Irwin

6. DATE OF BIRTH (month, day, year) June 14 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME William Harris

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Arthur Irwin

(Address) 1421 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date July 31. 1934

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. [illegible]

JUL 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on January, 19 34. Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	July 28
	1934

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jack L. Valentine M. D. Coroner

(Address) 16 So. Paca

M. D. B. Form 8-9 F 03587 ✓ F 03587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. 19-01

CITY OF BALTIMORE: (No. 507 N. Fulton Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Alice Roberts

(a) Residence: No. 507 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph R. Roberts

6. DATE OF BIRTH (month, day, year) April 7, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Myrtle Roberts Duncan

(Address) 704 Brookwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 30, 1934

19. UNDERTAKER Joseph Hoke

(Address) 1005 W. Baltimore St.

JUL 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to July 28, 1934

I last saw h er alive on 7/26/34, 19 . Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Arterio-Sclerosis

Chronic Nephritis

Hypertension

Other contributory causes of importance:

Toxemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Benj. O. McCurry, M. D.

(Address) 400 N. Payson St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 03588 ✓ F 03588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No. 20-01

CITY OF BALTIMORE: (No. 2102 Penrose Ave. St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Schmidt

(a) Residence: No. 2102 Penrose Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George H. Schmidt

6. DATE OF BIRTH (month, day, year): July 17, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	-	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: August Breitenbach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Hannah ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Wm. George Schmidt
(Address): 2102 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: July 30, 1934

19. UNDERTAKER: Joseph H. Cook
(Address): 1003 W. Baltimore St.

20. [illegible] 19[illegible]

L 30 1934 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to July 27, 1934.
I last saw her alive on July 26, 1934. Death is said to have occurred on the date stated above, at 4.55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arterio-sclerosis	ca. 1925
Cerebral hemorrhage	7-23-34

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry C. Colton M. D.
(Address) 1203 W. Fayette St.

M. D. F. No. F-03589 ✓ F 03589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Jno Hopkins Hospital — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Fayette & Pulaski St. (Ward) 19-01

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mrs. Catherine C. Stricker

(a) Residence: No. 1522 Fallsway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mr. W. Stricker

6. DATE OF BIRTH (month, day, year): 2/8/72

7. AGE: Years: 62 yrs | Months: 5 | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): 1

11. Total time (years) spent in this occupation: 3y Cty.

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Chas. Smith

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Rebecca Alle

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. William F. Stricker

(Address): 1522 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Cathedral Date: August 19 1934

19. UNDERTAKER: George L. Talbert

(Address): 721 Frederick Ave.

20. FILED 19 Registered No.

AUG 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1934 to 7/28, 1934

I last saw her alive on 7/28, 1934 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy. Myocarditis. Arteriosclerosis. Nephritis? — Date of onset: 7/24/34 ?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel L. Haughton M. D.

(Address) Jno Hopkins Hospital

F 03590 ✓ F 03590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 40 W. Biddle St., (Ward) 11-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie A. Jackson

(a) Residence: No. 40 W. Biddle St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 6, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil County Md.

FATHER

13. NAME Phillip Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amelia Owens

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ione Steuart

(Address) 40 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 30, 19 34

19. UNDERTAKER George L. Smith

(Address) 1900 Eutaw Place

30 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 — 1932 to July 28 1934

I last saw her alive on July 28 1934 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1932
General Arteriosclerosis	1924

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar F. Sandrock, M. D.

(Address) Medical Arts Bldg. 3804 Roslindale Road

M. D. B. 1268-3

F 03591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03591

CERTIFICATE OF DEATH

84

Registered No. 3-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Turback

(a) Residence: No. 4135 S. Bond St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Turback

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Turback

(Address) 114 N. Stricker Pittsburgh Pa.

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Rosary Date July 31 1934

19. UNDERTAKER William Fialkowski

(Address) 1613 Eastern Ave

20. FILED Huntington Williams MD

L 36 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to July 29, 1934

I last saw her alive on July 29, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7/25/34
Other contributory causes of importance: Dementia Precox Paranoid Type	8 yrs.

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Duncan P. Alagia M.D.

(Address) 3326 Sidney Ave

Spec.—8-16-29—L. F. S.—100 Bks.

F 03592

03592

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

25-01

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 Sidney Ave ST., 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Zimmerman

(a) RESIDENCE NO. 2241 Sidney Ave ST., 25th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of the late Lizetta Zimmerman (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Batch Maker. 086

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Manufactory

(c) Name of employer Can Co. (Retired)

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER John Geo. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Son Geo Zimmerman

(Address) 2229 Annapolis Rd

30 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933 to July 28, 1934

that I last saw h alive on July 28th, 1934

and that death occurred, on the date stated above, at 9:50 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Chronic.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma.

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. Lawrence Wheeler M. D.

7/28, 1934 (Address) 2910 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	July 31 1934

20 UNDERTAKER Josiah Lyle ADDRESS 1600 W North Ave

M. D. B. 1268-0

✓ F 03593

03593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1027 Madison Ave St., 11th (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Clark

(a) Residence: No. 1027 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				6 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Lawrence Clark

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Louise Branford

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Aaron Clark (Father)

(Address) 1027 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Mid College Date July 30 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

30 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28 1934 to July 28 1934

Last saw ~~her~~ alive on July 28 1934. Death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Physical Conditions	July 28 1934
Asphyxia	

Other contributory causes of importance: Physical Condition of Mother

Name of operation nd Date of nd

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Hall M. D.

(Address) 1626 23 St.

F 03594

F 03594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (or) Baltimore City Hospitals 26-01 (Ward)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Higgins
(a) Residence: No. home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 20, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	2d	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME John
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Bridget Comber
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ricards
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Cath Hgts Date 7/30, 1934

19. UNDERTAKER Faber Son & Co
(Address) 1318 Eut St

[illegible] for Wilmot P. Mullen, Registrar.

7/30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 22, 1934 Death is said last saw him alive on July 22, 1934 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis	?
Heart disease, syphilitic & aortic insufficiency	?
Myocardial insufficiency & congestive failure	1 hr

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J P Magill, M. D.
(Address) Balt. City Hosp

M. D. B. 1268-9

F 03595

08593 00 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward) 5301

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dy.

2. FULL NAME Esther Tillery

(a) Residence: No. 1434 E Fayette St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-17-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME Harry Tillery

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Eletha Waller

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetry Date July 30 1934

19. UNDERTAKER Edw Bryan
(Address) 1631 orleans st

... 1934 ... Registrar.

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to July 25, 1934

I last saw her alive on July 25, 1934. Death is said to have occurred on the date stated above, at 1155 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rickets, scurvy, malnutrition, anemia	1933-1934
Lobular pneumonia	7/20/34

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify ...

(Signed) Woodbridge Williams M. D.

(Address) J. H. H.

M. D. B. 1268-9

✓ F 03596

03596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Eolden ave. or Madison Sts St., Ward) 20.01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Cuffley

(a) Residence: No. 512 Millington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Leroy Cuffley

6. DATE OF BIRTH (month, day, year) Dec 5 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Rosenberger

14. BIRTHPLACE (city or town) (State or country) Paris, France

MOTHER

15. MAIDEN NAME Katherine Weiler

16. BIRTHPLACE (city or town) (State or country) Paris, France

17. INFORMANT Mrs. Peter Rosenberger

(Address) 513 Millington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 1 1934

19. UNDERTAKER J. Vernon Kestner

(Address) 532 Hollins St

AUG 1 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11 1934 to July 29 1934

I last saw her alive on July 27 1934. Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	1932
Cholelithiasis	?
Chronic appendicitis	?
Chronic nephritis & uremia.	?

Other contributory causes of importance:

Chronic pancreatitis

Name of operation Cholecystostomy Date of 6/21/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) J. C. Proctor, M. D.

(Address) Bal Gen Hosp

F 03597

M. D. H. 126

F 03597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH Jenkins Memorial Hospt. 12-01 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Ave St., Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Julia Knudsen

(a) Residence: No. 343 Ilchester Ave St., Ward. Chicago Ill
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Knudsen

6. DATE OF BIRTH (month, day, year) Sept 22. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 64	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME John Knudsen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 7/31-34 19

19. UNDERTAKER H. C. Brauning Sons
(Address) 1136 Eutaw Place

19 Registrar.

D 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st. 1934 to July 29th 1934

I last saw her alive on July 29, 1934 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	?
Other contributory causes of importance: Hypertension arteriolar	?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Wiseley M. D.

(Address) 1060 Edmondson Ave

F 03598

F 03598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

203

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital 21 ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adolf Zucknick

(a) Residence: No. 1131 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Zucknick

6. DATE OF BIRTH (month, day, year) July 17 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year) 7-27-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wm. Zucknick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Elizabeth Zucknick
(Address) 1131 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Nat Date July 31, 1934

19. UNDERTAKER Harry F. Wilke
(Address) 410 Lemmon St

Filed ..... Registrar.

20193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28-1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of Skull	7/27/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-27, 1934

Where did injury occur? Zaleto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell down elevator Shaft

Nature of injury Fracture base of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Hurt at work

(Signed) Eugene Zallar M. D.
Coroner

(Address) 73 E Eastern Ave

M. D. B. 1268-9

F 03599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03599

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 W. Cross St., 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Sample

(a) Residence: No. 511 W Cross St St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) July 26, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Newborn.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Sample

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Gertrude Queeby

16. BIRTHPLACE (city or town) (State or country) Salisbury Md.

17. INFORMANT (Address) Gertrude Sample 511 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Interred City of Me Date July 30 19 34

19. UNDERTAKER (Address)

20. FILED 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26 1934 to July 29 1934

I last saw h[illegible] alive on July 28 1934. Death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonitis — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Savage M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03600 ✓ F 03600

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 229 Wagon Al St., ... Ward) 18 al

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Dodds

(a) Residence: No. 229 Wagon al St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 1894

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 30 1934

19. UNDERTAKER .....
(Address)

20. Filed 1934

30934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Toxic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. C. Herring M.D. Coroner, M. D.

(Address) 2052 Fallsway Balto

M. D. P. 1268-9

F 03601

F 03601 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 130

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hamilton McCandless

(a) Residence: No. Chester, S C St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 4/1/84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME Hamilton McCandless

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaut Caldwell

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chester S C Date 7/30, 1934

19. UNDERTAKER Henry W. Jenkins & Son Co
(Address) Arthur J. McCulloh

20. FILED July 30, 1934 [illegible] Registrar.

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 30, 1934

I last saw h[illegible] alive on July 30, 1934 Death is said to have occurred on the date stated above, at 1:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lancunar Haglo Nephritis	June 28

Other contributory causes of importance:

Uremia	July 27

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A.S.C. Caldwell, M. D.

(Address) John Hopkins Hospital

M. D. B. 1268-9

F 03602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03602

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Grant Johnson

(a) Residence: No. 2030 Harper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE 64 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Good Shepherd Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 30 1934

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Chronic Myocarditis	1 year	
Other contributory causes of importance:		

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Leech Coroner M. D.
(Address) .....

F 03603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Cliftmont Av. St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth B. Schaefer.

(a) Residence: No. 3121 Cliftmont Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis F. Schaefer.

6. DATE OF BIRTH (month, day, year) May 12-1857.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Thumling.

14. BIRTHPLACE (city or town) (State or country) Germy.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT William H. Schaefer.

(Address) 3121 Cliftmont Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date July 31st 1934

19. UNDERTAKER E. Schlosnagle & Son

(Address) 1939 Fleurie ave

JUL 30 1934

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29— 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/6— 1934 to 7/29— 1934

I last saw h[illegible] alive on 7/28— 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5/1934

Other contributory causes of importance:

Hypostatic Congestion of Lungs

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury X, 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Hubbard M. D.

(Address) 1340 E. Lanvale

F 03604

03604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH (a) If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hosp. St., Ward. 14-A

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma E. Myers

(a) Residence: No. Woodbine Howard Co Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15 1916

7. AGE Years 17 | Months | Days 15 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME Dorsey Myers

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME Carrie Palmer

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Dorsey Myers Woodbine Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Valley Cem. Date Aug 1 1934

19. UNDERTAKER H. M. Snyder Mt Airy Md
(Address)

AUG 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Eclampsia	
Abdominal Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury July 30 1934

Where did injury occur? Howard Co Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Pistol wound of abdomen

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Finch M. D.
Coroner

(Address)

M. D. P. 1268-9

F 03605

2 8 F 03605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward 8 01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada McKewin

(a) Residence: No. 1317 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/5/89

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm McKewin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug. 1, 34

19. UNDERTAKER Geo. W. Little (Address) 2200 Edmondson Ave.

20. FILED Aug 2 1934 Harrington for Wilhelm, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1934 to July 30, 1934

I last saw h[illegible] alive on July 30, 1934 Death is said to have occurred on the date stated above, at 9 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio & arteriolar sclerosis	
Hypertension	3 yrs
Arterial Adiatic Kidney disease	2-3 mos.

Other contributory causes of importance:

Myocardial hypertrophy & insufficiency	4 5 mos
Uremia	3-4 days
Pneumonia, (one small)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elfred E. Lueck M. D.

(Address) Johns Hopkins Hosp

M. F 03606 ✓F 03606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No. 4-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Louis Haifley

(a) Residence: No. 16 E Green St Westminster, Md St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21st 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Haifley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen J Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis Haifley
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Private Date Aug 2 1934

19. UNDERTAKER Zepp & Sons
(Address) Westminster Md

20. FILED [illegible] 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30th 1934 to July 30th 1934
I last saw him alive on July 30th 1934 Death is said to have occurred on the date stated above, at 10.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonsillar abscess	
Other contributory causes of importance:	
Bronchial Pneumonia (by Extension)	2 days
Septicaemia	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel R Robinson M. D.
(Address) Mercy Hosp

L 31 1934

M. D. B 1268-9

F 03607

F 03607 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Hosp. 1 Ward 01 Registered No.

CITY OF BALTIMORE, Co. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alex Borkyn

(a) Residence: No. 241 W Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years 79 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Alex Borkyn

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annie Borkyn
(Address) 241 W Preston

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 31 1934

19. UNDERTAKER V. A. Brooks
(Address) 421 N. Carey St.

20. FILED JUL 31 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from , to , 19 . I last saw b alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6 months

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
How injury occurred
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Chuck Coroner, M. D.
(Address) Coroner

F 03608

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03608

51

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 South Road 7th Ward 27-01 St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edwin Griffith

(a) Residence: No. 1705 South Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia Bennett

6. DATE OF BIRTH (month, day, year) Feb. 14, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John M. Griffith

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

MOTHER

15. MAIDEN NAME Julia Chaunelume

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John E. Griffith, Jr.
(Address) 1703 South Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date July 31, 1934

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11 1928 to July 28 1934

I last saw him alive on July 21 1934 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate.	1928
Metastasis to Liver	1934

Other contributory causes of importance:

Name of operation Radium & X-ray treatments Date of 1928

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Lavond, M. D.

(Address) 1321 Park Ave

5-

Cor.—12-9-25—A Co.—200 Bks.

F 03609

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03609

93-004

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 Watson St., 3 Ward) 91

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2-FULL NAME Karsten Nilsen

(a) RESIDENCE NO. Oslo, Norway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dagmar Nilsen

6 DATE OF BIRTH (month, day, and year) September 2, 1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 03

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer SS Yorkmar

9 BIRTHPLACE (city or town) Oslo

(State or country) Norway

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr. Schroeder, Norwegian Vice Consul

(Address) Macht Bldg.,

15 Filed JUL 31 1934 19 Huntington Williams, M.D.

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Acute Myocardial Insufficiency

(duration) .....yrs. .....mos. .....ds.

(Signed) B. W. Hennegan M. D.

(Coroner)

7/30, 1934 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

Date of Burial July 31 1934

20 UNDERTAKER Fox & Bloom

ADDRESS 1003 W. Baltimore St.

No. 03610

HEALTH DEPARTMENT—CITY OF BALTIMORE 03610

CERTIFICATE OF DEATH

92-001

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Edelstein

(a) Residence: No. 33 E. Lanvale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Edelstein

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Morris Edelstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 7/31/34 19

19. UNDERTAKER Jos. Levy Sons
(Address) 1537 E. Baltimore

FILED 7/31/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	Jan.
Myo Cardial Disease	10.
	1934.

Other contributory causes of importance:

Arteria Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Joseph L. Valentine, M. D.
Coroner

(Address) 1 E. Lexington St.

M. D. B 1263-9

F 03611

03611 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03611

131

CERTIFICATE OF DEATH

Registered No. 16-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Chase Carter

(a) Residence: No. 806 W. Carey St., Ward.

(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm Carter

6. DATE OF BIRTH (month, day, year): Nov 25 1887

7. AGE: Years 46, Months 8, Days 3, If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm Carter

(Address): 806 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL: Interment

Place: Mt Auburn Date: July 31 1934

19. UNDERTAKER: Sam'l N. Chase & Son

(Address): 63 E. N. Gilmor

20. FILED: 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Uremia Coma — Date of onset: July 28

Other contributory causes of importance:

Chronic Nephritis

Name of operation: Autopsy Date of: July 28

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Smith, M. D. Coroner

(Address) Coroner

M. D. P. No. F 03612 F 03612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts. St., 13 Ward) 01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lina Gruber

(a) Residence: No. Riviera Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Gruber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettie Laupheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. H. Endel
(Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date Aug. 1, 1934

19. UNDERTAKER David Sondheimer & Son
(Address) 1902 Eutaw Place

L31 1934 19 Filed 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1934

22. I HEREBY CERTIFY That I attended deceased from June 5th 1934 to July 30th 1934
I last saw her alive on July 30th 1934 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6/5/34
Diabetes Mellitus	
Arteriosclerosis	

Other contributory causes (if any) of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state

(Signed) Dr. A. Leo Priyakoff M. D.
(Address) Temple Garden Apts.

F 03613 ✓ F 03613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 Calhoun ST., WARD) 19-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sara Harris

(a) RESIDENCE NO. 326 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Harris

6 DATE OF BIRTH (month, day, and year): April 12-1884

7 AGE: Years 50 | Months 3 | Days 16 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Robt Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER: Mary J. Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant: Hilda Harris

(Address): 326 W Calhoun St

15 Filed 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-28 1934

17 I HEREBY CERTIFY, That I attended deceased from 6-16- 1934 to 7-28- 1934,

that I last saw h[illegible] alive on 7-28 1934,

and that death occurred, on the date stated above, at 3.15 p m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.
Cardio vascular
renal disease

Hypertension (duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Chronic. (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. J. Jackson M. D.

[illegible] 19 34 (Address) 1 E Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Aug 1, 1934

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

M. D. B. 1268-9

F 03614

036144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 3 Ward) 1

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Genevieve Kluczyk

(a) Residence: No. 1625 E Pratt St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Sngl

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/3/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas Kluczyk

14. BIRTHPLACE (city or town) (State or country) N Y

MOTHER

15. MAIDEN NAME Agnes Rynaszewska

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cemetery Date July 31 1934

19. UNDERTAKER George A Weber

(Address) 703 E Lanvale St

20. [illegible] Registrar

JUL 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18 1934 to July 30 1934

I last saw her alive on July 30 1934 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Dispar dysentery	7/13/34
Other contributory causes of importance: Broncho pneumonia	7/25/34

Name of operation 0 Date of

What test confirmed diagnosis? Clinical observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify.

(Signed) John H. Washington M. D.

(Address) Johns Hopkins

Spec.—2-28-28—L. F. S.—500 Bks.

F 03615

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03615

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 635 Hanover ST., WARD) 22-01

2—FULL NAME Nora Shannon

(RESIDENCE NO.) 635 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of George Shannon

6 DATE OF BIRTH (month, day, and year) 8-[illegible]-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Cambridge Md.

10 NAME OF FATHER Jas A. Vaughn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant George Shannon

(Address) 635 Hanover St.

15 [illegible] 1934 [illegible]

JUL 31 1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-34

17 I HEREBY CERTIFY, That I attended deceased from 6-3-, 1934 to 7-28, 1934.

that I last saw h[illegible] alive on 7-27-, 1934

and that death occurred, on the date stated above, at 455 p m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

Pulmonary Edema

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchi-pulmonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H L Jackson M. D.

7/31, 1934 (Address) 6[illegible] Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chapel Cemetery Cambridge Md	7 31 1934
20 UNDERTAKER Charles G. Cooper	ADDRESS 5 1/4 N Calhoun St.

M. D. P. 1268-

F 03616

28659

F 03616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudolph Perrau

(a) Residence: No. 728 Cumberland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-23-13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Warren Perrau

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nattie Gantt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date 7/31 1934

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Preston St

20. DATE RECEIVED JUL 31 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to July 30, 1934

I last saw h[illegible] alive on July 12, 1934 Death is said to have occurred on the date stated above, at 6[illegible] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever, chronic	1931
Mitral insufficiency	1931
Myocardial insufficiency	7 1/2 mos
Bacterial endocarditis, subacute	7 1/2 mos ago
Adhesive pericarditis	1 mo. ago

Other contributory causes of importance: None.

Name of operation Pericardial tap Date of 6-25-34

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Franco, M. D.

(Address) Johns Hopkins Hospital

Spec.—1-30-34—250 Bks

F 03617 ✓ F 03617

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 529 Mc Mechen ST., WARD) 14-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Hunt.

(a) RESIDENCE NO. 529 Mc Mechen ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Abraham Hunt.

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE — Years 52 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) — 070
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lula Powell
(Address) 529 Mc Mechen St

15 Filed ... 19 ... Registrar

JL31 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1934

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 29, 1934, that I last saw her alive on July 29, 1934, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What tests confirmed diagnosis?

(Signed) D. Garland Ottenheimer, M. D.
(Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary
DATE OF BURIAL 7/31 1934

20 UNDERTAKER Thomas E. Nelson
ADDRESS 1303 Pennsylvania Ave

M. D. 1926 F 03618

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03618

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 6-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lollis Johnsons

(a) Residence: No. 1645 Orleans St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 2/1

7. AGE: Years 73 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Dear Branch.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Frank Bright

(Address) 1522 Mulligan St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary cem. Date July 31 1934

19. UNDERTAKER Edw. Bryon

(Address) 1631 orleans St

FILED ..... 19 .....

JUL 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	July 24 34
Other contributory causes of importance:	
Diabetes	2
Name of operation None Date July 25 34	

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Joseph E. Valentine M.D.

Coroner

(Address) 16 S. Myrtle

03619 F 03619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 24-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dempsey
(a) Residence No. 1602 Towson (?) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ?
6. DATE OF BIRTH (month, day, year): March 0, 1865
7. AGE: Years 69; Months 4; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Ireland.

FATHER
13. NAME: Lawrence
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Kate Kennedy
16. BIRTHPLACE (city or town) (State or country): Ireland ?

17. INFORMANT: Records (Address) Balt. City Hospitals
18. BURIAL, CREMATION, OR REMOVAL. Place Holy Cross Date July 31 1934
19. UNDERTAKER: Chas. F. Sievers (Address) 1501 E. Fort Ave.
Huntington [illegible]
JUL 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 30, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 13, 1934 to July 30, 1934
I last saw him alive on July 30, 1934 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	?
Arteriosclerosis	
Cerebral Hemorrhage, left (Rd)	16 yrs
& Hemiplegia, right	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phaneuf, M. D.
(Address) Balt City Hosp

M. D. B. 1268-9

F 03620

F 03620 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No. 1400 W. Lexington St., 19 Ward) 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Alexander

(a) Residence: No. 1400 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elnora Bready

6. DATE OF BIRTH (month, day, year) Dec. 1851

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Alexander

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Barber

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Aged Mens Home
(Address) 1400 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date July 31, 19 34

19. UNDERTAKER Margt. H. Gilbert
(Address) 2107 N. Milton St.

20. FILED JUL 31 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1927 to July 30, 1934

I last saw h... alive on July 30, 1934 Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	July 30
Chronic Nephritis	7 yrs.
Hypertrophy of Prostate	? yrs.
Other contributory causes of importance:	over
Arteriosclerosis	
Myocarditis, Chronic	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edwin B. Goord M. D.

(Address) 1115 St. Paul St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 03621

3621

CERTIFICATE OF DEATH

92-001

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 3 mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Proctor.(C)

(a) Residence: No. 141 N.Chapel St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, HUSBAND of Isabelle Proctor.(C)

DATE OF BIRTH (month, day, year) April 15, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 923

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Proctor.(C)

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

15. MAIDEN NAME Alice Smith.(C)

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Charles Proctor.(C) father.

(Address) 141 N.Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date July 31st 1934

19. UNDERTAKER Mrs. Robert A. Elliott Slaughter

(Address) 1129 Eldorado St.

Filed JUL 31 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism.	over
Endocarditis.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Enquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo. H. Reinhardt, M. D.

7/30/34 (Address) 1017 N. Charles St. Coroner

M. D. B 1268-9

03622

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03622

CERTIFICATE OF DEATH

157-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Park Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Winfred Foster 11-01

(a) Residence: No. 205 Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Man	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20-1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Seymore Foster

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Daisy Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Willie Jones

(Address) 205 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Claybank Va Date 7-31 1934

19. UNDERTAKER Byron Manion & Wright

(Address) 128 N. Calder St

20. FILED ..... Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of heart.	

Other contributory causes of Importance:

was a 7 months premature birth

Name of operation ..... Date of .....

What test confirmed diagnosis? Required there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

(98623)

HEALTH DEPARTMENT—CITY OF BALTIMORE F 03623

CERTIFICATE OF DEATH

92-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 N. Stricker St., ... Ward)

Length of residence in city or town where death occurred 96 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lena Knox

(a) Residence: No. 2107 N. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lin Knox

6. DATE OF BIRTH (month, day, year) Feb 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) D.C.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Mrs. Wilson (brother) (Address) 2107 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL Place Rock Hill Date D. C. 7-31-1934

19. UNDERTAKER Elroy Wilson (Address) 1000 Bentley ave

JUL 31 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1934 to July 27th 1934

I last saw h[illegible] alive on July 27th 1934 death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-Diabetes Mellitus	2 mos.
Heart Failure	
Other contributory causes of importance:	
Arteriosclerosis	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Dell, M. D.

(Address) 1130 N. Fremont

03624 ✓ F 03624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 27-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3610 Traymore Rd St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5-2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susan M. Westhoff

(a) Residence: No. 3610 Traymore Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. A Westhoff

6. DATE OF BIRTH (month, day, year) Sept 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER
13. NAME Wm Edgar
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Harriett Hooper
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT H. McC Westhoff
(Address) 3610 Traymore Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Aug 1 1924

19. UNDERTAKER Franklin W Leith
(Address) 1709 N 33rd St.

20. FILED JUL 31 1924 Huntington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1924

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1924 to July 30, 1924
I last saw her alive on July 27, 1924. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:
Hypertrophy heart disease
with nephritis

Date of onset
Mch
Years
Old
Yrs.

Other contributory causes of importance:
Hypertrophy heart disease
with nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dr. Lundey Wallace M. D.
(Address) 3623 W. Lanvale St.

M. D. B 1268-9

F 03625 HEALTH DEPARTMENT—CITY OF BALTIMORE 03625

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

5-81

2. FULL NAME Robert Conneely

(a) Residence: No. 21 Calvin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Conneely

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Hancock

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Victoria Price

(Address) 21 Calvin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 1 1932

19. UNDERTAKER James A Harris

(Address) 143 N Eden St

20. FILED , 19 Registrar

JL 31 1932 Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

I last saw h alive on Injury , 19 . Death is said to have occurred on the date stated above, at 9.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of a wound from right subclavian artery and lung	July 27 1932
Homicide (Gun)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury July 27, 1932

Where did injury occur? Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Stabbed with Knife

Nature of injury Laceration of subclavian artery

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John L. Valentine M. D.

Coroner

(Address) 16 Forest Parkway

M. D. B. 1368-a

03626

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03626

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Conkling St., 26 Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. 26 - 01 If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Kramer

(a) Residence: No. 817 S Conkling St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Catherine Kramer

6. DATE OF BIRTH (month, day, year): April 29 1869

7. AGE: Years 65; Months 2; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 109

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Father Kramer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Malone Gebler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George F. Kramer

(Address) 619 S Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: Aug-1 5 1934

19. UNDERTAKER: Lilly & Fisher Bros

(Address) 608 S Fulton St

20. FILED: Huntington Williams, Notary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/4 1934 to 7/28 1934

I last saw him alive on 7/27 1934 Death is said to have occurred on the date stated above, at 4:05 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage
Chronic interstitial nephritis
Myocarditis

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. McFarall M. D.

(Address) 633 S. Conkling

M. D. B. 1268-9

F 03627

03627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., Ward) BALTIMORE, MD.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Morris

(a) Residence: No. 1012 Lenbrig St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): unknown

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): unknown

7. AGE — Years: 42; Months; Days; If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): South Carolina

13. NAME OF FATHER: unknown

14. BIRTHPLACE (City or town) (State or country):

15. MAIDEN NAME OF MOTHER:

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date July 31, 1934

19. UNDERTAKER
(Address)

JUL 31 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934 to July 29, 1934

I last saw him alive on July 29, 1934. Death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Cysteria chronica	
3. Anuria nephritis	
4. Cardiac hypertrophy	

Other contributory causes of importance:

1. Fibromyoma fundi uteri

Name of operation: None Date of:

What test confirmed diagnosis: autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL

M. D. B. 1268-9

F 03628

03628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. St., ... Ward) 11 or 01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Helen Saunders

(a) Residence: No. 1024 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Private homes.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT University Hospital (Address) Lombard & Greene St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 31, 1934

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 1934 to 7/29, 1934

I last saw her alive on 5 a.m., 1934. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/28
Chr Glom. Nephritis	

Other contributory causes of importance:

hypertension	
Cardiac decompensation	7/20

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lawrason L. Keown M.D. M. D.

(Address) University Hospital.

0502

M. D. B. 1768-0

F 03629

03629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward) 2701

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Smith

(a) Residence: No. 819 Cedarcroft Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME George R. Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella A. Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med College Date July 31, 193[illegible]

19. UNDERTAKER

(Address)

20. FILED

31 1934

Registrar.

0595

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10th, 1934, to June 25th, 1934

I last saw h[illegible] alive on June 25th, 1934 Death is said to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of Newborn	June 25th

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Lewis, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-0

F 03630

F 03630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-104

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 N. Carey St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 15 yrs. ..... mos. ..... ds.

2. FULL NAME none Wife

(a) Residence: No. 1335 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	→

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, '34.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Irene Burton Weth.

14. BIRTHPLACE (city or town) (State or country) Elm City, Va.

MOTHER

15. MAIDEN NAME Lucille James

16. BIRTHPLACE (city or town) (State or country) Eastville Va.

17. INFORMANT Mrs. Lucille Weth.

(Address) 1335 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date July 31. 1934

19. UNDERTAKER .....

(Address) .....

20. FILED Aug 1 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30. 1934 to July 31. 1934

I last saw h[illegible] alive on July 30. 1934 Death is said to have occurred on the date stated above, at 5 a' m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. H. Rigdon M. D.

(Address) 1536 W. Lanvale St.

M. D. F. 1268-9 Charles McCray or McRae F 03631

03631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 23-01

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles McCray McRae

(a) Residence: No. 211 W Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie (Sep)

6. DATE OF BIRTH (month, day, year) March 7, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Williams

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place NORFOLK VA Date 7/31/34 19

19. UNDERTAKER Isaiah Lennon & Son
(Address) 108 W Montgomery St

20. FILED 1934 Hamilton Van Williams Registrar.

NWH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to July 29, 1934

I last saw him alive on July 29, 1934 Death is said to have occurred on the date stated above, at 5:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial	6 Mo.
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I Phagill, M. D.

(Address) Balt. City Hosp.

M. 03632 F 03632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-102

14-01 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Woman's Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Campbell Goldsborough

(a) Residence: No. 1466 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 25 - 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 090

10. Date deceased last worked at this occupation (month and year) prior

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md

FATHER

13. NAME Brice Wootten Goldsborough

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Nancy Campbell Henry

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Anna Goldsborough Lancier
(Address) Cambridge, Md (sister)

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date Aug. 2 19 34

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934 to July 31, 1934

I last saw her alive on July 31, 1934 Death is said to have occurred on the date stated above, at 4.52A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	July 28 34
Other contributory causes: Removed Fibroids July 26 34 & suspension Uterus	over

1. as above —
Name of operation 2. Release of obstruction Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grant E. Ward, M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

F 03633

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03633

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 w. Pratt st. Ward) 4-01

Length of residence in city or town where death occurred 82 yrs. 4 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Louisa King

(a) Residence: No. 416 w. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, ~~Married, Widowed~~ or ~~Divorced~~ (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 4 1855

7. AGE: Years 82 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore md

FATHER

13. NAME: James A. King

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Julia Smith

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Harlan M. Osborne

(Address): 416 w. Pratt st

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug 2 1934

19. UNDERTAKER: Jos Foerderer's Son

(Address): 247 Saratoga E

[illegible] Registrar.

FILED AUG 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1- 1930 to July 31- 1934

I last saw her alive on July 30th 1934. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis.	H.D. about	1924
Chronic interstitial nephritis	" "	1928
Cardiac Hypertrophy followed by dilatation.		1930
Cerebral Hemorrhage		Nov. 10. 34
Other contributory causes of importance: Senile dementia		3 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) E. Brand Royer M. D.

(Address) 2125 Maryland ave.

M. D. B. 1268-9

F 03634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03634

CERTIFICATE OF DEATH

51

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., ... (Ward) 26-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Frankhart

(a) Residence: No. 6545 Parnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 30 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	3	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John C. Frankhart

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Mildred Weaver

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT John C Frankhart
(Address) 6545 Parnell Ave.

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart of Mary
Place Date Aug 1 1934

19. UNDERTAKER John Welsh
(Address) 1200 Eastern Ave

Filed AUG 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934 to July 30, 1934
I last saw him alive on July 30, 1934 Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of kidney (Wilms tumor)	
Other contributory causes of importance:	

Name of operation Nephrectomy Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-9

✓ F 03635

03635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 26-01

CITY OF BALTIMORE: (No. 6 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Procopio

(a) Residence: No. 6915 Holabird Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 16, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	7 5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME Gugay Procopio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Felica Stenalla

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Brother Felica Procopio
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date Aug 1 1934
Mount Carmel

19. UNDERTAKER Frank V. Peterkin
(Address) 2116 E. Fulton St

20. FILED [illegible] Registrar.

1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21 1934 to July 30 1934

I last saw h.. alive on July 30 1934 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
acute Appendicitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 7/21/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos Johnson M. D.

(Address) West Balto. Gen. Hosp.

F 03636

F 03636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward) 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Glover

(a) Residence: No. 4022 Hickory Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? (dead)

6. DATE OF BIRTH (month, day, year) Sept 12, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockland Md

13. NAME Columbus Minter

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriett Lindy Cooks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Date Aug 1 34

19. UNDERTAKER (Address) W S Monahan 3539 Falls Road

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1931 to July 30 1934

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial Insufficiency	1yr ?
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T Pregel, M. D.

(Address) Balto City Hosp

G1 - 1934

M. D. B. 1268-9

03637 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03637

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 819 Bevans St., Ward)

Length of residence in city or town where death occurred 22-84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Jones

(a) Residence: No. 819 Bevans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Jones

6. DATE OF BIRTH (month, day, year) —-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkley Virginia

13. NAME Thal Singleton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Johnny Jones
(Address) 819 Bevans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 8/1/34 19

19. UNDERTAKER Isaiah L Brown Son
(Address) 108 W Monument St

Filed 1934 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 1/10 . 1934 to 7/29 . 1934

I last saw her alive on 7/29 . 1934 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction 5 days	
Chronic Endocarditis	
Chronic Bronchitis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) David Driscoll M. D.
(Address) 122 N Sharp

D. B 1268-9

03638 HEALTH DEPARTMENT—CITY OF BALTIMORE 03638

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Colvin St. St., 5 Ward) 1

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Simon Camphor.(C)

(a) Residence: No. 211 Colvin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced, HUSBAND of Olla Camphor.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME John Camphor.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Cornelia Johnson.(C) aunt.

(Address) 800 S. Sharp St.

BURIAL, CREMATION, OR REMOVAL

Place U S National Date 8/2/34 19

UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

19 ..... Registrar.

061-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M Reinhardt, M. D. Coroner

7/31/34 (Address) 1017 S. Charles St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03639

3639

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 Oxford St., ... Ward) 17-C

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Ridgely Hayden

(a) Residence: No. 554 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced: Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Hayden

7. DATE OF BIRTH (month, day, year): July 4 1890

AGE: Years 44 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Leonardtown Md

13. NAME: Alfred Hayden

14. BIRTHPLACE (city or town) (State or country): St Marys Co Md

15. MAIDEN NAME: Nellie Coleman

16. BIRTHPLACE (city or town) (State or country): St Marys Co Md

INFORMANT: Martha Hayden
(Address) 554 Oxford

BURIAL, CREMATION, OR REMOVAL: Place National Date 8/1/34 19

UNDERTAKER: Mr. George E. Kolb
(Address) 1631 E. Lind Ave. Ofcl

8-1-1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29th 34

22. I HEREBY CERTIFY That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Double

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
(Coroner)

(Address)

M. D. B. 1268-9

03640 HEALTH DEPARTMENT—CITY OF BALTIMORE 03640

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 Woodbury Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. ... If of foreign birth? ... yrs. ... mos. ... ds.

13-07

2. FULL NAME Lillian C. Krout

(a) Residence: No. 2035 Woodbury Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William W Krout

6. DATE OF BIRTH (month, day, year) Sept 8, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Oliver R. Krout

(Address) 2035 Woodbury Ave.

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Hampden Date Aug 1, 1934

19. UNDERTAKER Thompson Son

(Address) 3615-17 Chestnut Ave.

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to July 30. 1934

I last saw h er alive on July 30. 1934 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Valv. heart disease	6 yrs.
Arteriosclerosis	

Other contributory causes of importance:

Stroke of hemiplegia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 2020 N. Charles.

M. D. F. 1933

03641

F 03641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 Woodberry Ave., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13-01 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William W. Krout

(a) Residence: No. 2035 Woodberry Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian C Krout

7. DATE OF BIRTH (month, day, year) Sept 3, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clive L. Krout
(Address) 2035 Woodberry Ave

18. BURIAL, CREMATION, OR REMOVAL
St Mary's Hampden Date Aug 1, 1934

19. UNDERTAKER Chunowith & Son
(Address) 3615 Chestnut Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1934 to July 30, 1934.

I last saw him alive on July 30, 1934 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	4 yrs.
Other contributory causes of importance:	
Cerebral Sclerosis	1 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. E. Hall, M. D.

(Address) 2020 N. Charles.

M. D. B. F 03642 F 03642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-101

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr. James R. Fralii

(a) Residence: No. 1526 Lakeside Ave St., 9-07 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Fralii

6. DATE OF BIRTH (month, day, year) Oct. 19 - 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year) July-1934

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Texas.

FATHER

13. NAME R. J. Fralii

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mary Goodwell

16. BIRTHPLACE (city or town) (State or country) Texas.

17. INFORMANT Effie Fralii

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Amarillo Texas Date Aug 5, 34

19. UNDERTAKER John A. Myers

(Address) 2008 Eutaw St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-23-34, 19 ... to 7-30, 1934

I last saw h[illegible] alive on July 30, 1934 Death is said to have occurred on the date stated above, at 6 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Streptococcus Viridans Septicemia	7-2
	?
2) Sub-Acute Bacterial Endocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [redacted] If so, specify

(Signed) John H Cozen M.D. M. D.

(Address) W. B. & A. R.R.

03643

F 03643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Light St. Ward) 24-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Bernadine L Streib

(a) Residence: No. 1519 Light St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of: George L Streib

6. DATE OF BIRTH (month, day, year): March 8, 1853

7. AGE: Years 81; Months 4; Days 1; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Holland

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): Holland

MOTHER

15. MAIDEN NAME: I don't know

16. BIRTHPLACE (city or town) (State or country): Holland

17. INFORMANT: Mrs Emma Schmieder

(Address) 2333 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 3, 1934

19. UNDERTAKER: A. Howard Evans

(Address) 35 E Fort Ave

Huntington Williams M.D.

AUG 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31-1934

22. I HEREBY CERTIFY, That I attended deceased from July 28 1934 to July 31 1934

Last saw her alive on July 31 1934. Death is said to have occurred on the date stated above, at 9:04 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	
Intestinal obstruction	7/28/34

Other contributory causes of importance:

Cardiac failure	7/31/34

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Kohn M. D.

(Address) 102 E. Fort Ave.

M. D. R. 1268-9

03644

✓ F 03644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 47

1. PLACE OF DEATH Howard A. Kelly Hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Place St., 14 Ward) 01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Cazenove Gardner

(a) Residence: No. Clover Lick, W. Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~, or divorced HUSBAND of (or) ~~WIFE of~~ Katherine Harrison Cocke Gardner

6. DATE OF BIRTH (month, day, year) May 20 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 27 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Fowler Gardner

14. BIRTHPLACE (city or town) (State or country) Alexandria, Va

MOTHER

15. MAIDEN NAME Harriet Childs Roland

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va

17. INFORMANT Mrs. William C. Gardner (wife)
(Address) Clover Lick, W. Va

18. BURIAL, CREMATION, OR REMOVAL
Place Alexandria Va Date Aug 2nd 1934

19. UNDERTAKER Hugg & Gentzsandaner Co
(Address) Charles & Lee Balto Md

AUG 1 - 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to August 1, 1934

I last saw him alive on July 31, 1934. Death is said to have occurred on the date stated above, at 1.40 m. a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right lung — Date of onset Mard 1934

Other contributory causes of importance:

general weakening failure

Name of operation none Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Howard A Kelly M. D.

(Address) Howard A Kelly Hospital.

F 03645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Russell Shelton.

(a) Residence: No. 1842 W. Pratt St. St., 19-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, year) March 25, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Arlington Shelton.

14. BIRTHPLACE (city or town) (State or country) Brunswick, Md.

15. MAIDEN NAME Florence M. Thompson.

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

INFORMANT Arlington Shelton. (father)

(Address) 1842 W. Pratt St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 2nd 1934

UNDERTAKER A. Jones

(Address) 111 S. Eden St

CLD ... 19 ... E. ... Md.

AUG 1 - 1934

7/31/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Pneumonia	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M. Steinhardt Coroner M. D.

(Address) 1017 N. Charles St.

F 03646 Infant Harris ✓ F 03646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) 938 Darley Ave St., (Ward) 18 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant not named,

(a) Residence: No. 938 Darleham St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/30/34

7. AGE — Years | Months | Days | If LESS than 1 day 33 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Ruth Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ruth Harris

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ruth Harris

(Address) 938 Darleham

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 1, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 S. Schroeder St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31/34

22. I HEREBY CERTIFY, That I attended deceased from 7/30. 1934 to 7/31. 1934

I last saw her alive on 7/31 1934 Death is said to have occurred on the date stated above, at 12. m.

The principal cause of death and related causes of importance were as follows:

Premature Birth. — Date of onset 7/30/34

Other contributory causes of importance:

Premature Birth.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr T. Symmers M. D.

(Address) 22 N. Arlington Ave

M. D. B. 1268-9

F 03647

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03647

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., ... Ward) 17

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Thornton

(a) Residence: No. 814 Druid St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Thornton

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Isaac Thornton

(Address) 810 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Aug 1, 1934

19. UNDERTAKER Mrs Katie P. Williams

(Address) 322 N Schroeder St.

20. FILED Aug 1 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-29-34, 19..., to 7-30-34, 19...

I last saw h[illegible] alive on 7-30-34, 19... Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-27-34
Arteriosclerosis	
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William Wirt Rogers M. D.

(Address) Provident Hospital

H. D. B. 1268-9

F 03648

03648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Fawn St., ... Ward) 3-01

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Votta

(a) Residence: No. 924 Fawn St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Votta

6. DATE OF BIRTH (month, day, year) Aug 9, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME John Votta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Votta

(Address) 924 Fawn St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 5/2, 19 34

19. UNDERTAKER Frank T. Likitone

(Address) 2818 E. Baltimore St

19. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to July 30, 1934

I last saw him alive on July 30, 1934 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows: Myocarditis (Chronic) — Date of onset Jan'y, 1934

Other contributory causes of importance: Strangulated Hernia

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene L. Cargano, M. D.

(Address) 514 Drury Lane

F 03649

H. D. P. 1268-9

2 03649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 6-21

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Greenberg

(a) Residence: No. 2119 E Fairmount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 8/2/34 19

19. UNDERTAKER Jack Lewis Inc (Address) 1939 E Balto St

20. FILED 1934 Hunter Lovell Wilson, Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to Aug 1 . 1934

I last saw her alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 11:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial insufficiency	2 yrs
Other contributory causes of importance:	
Diabetes Mellitus,	3
Cerebral vascular hemorrhage	12 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Elwood Lewis M. D.

(Address) Johns Hopkins Hosp

H. D. B 1268-9

F 03650

03650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 3601

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 yr. mos. ds. How long in U. S. if of foreign birth? 2 yr. mos. ds.

2. FULL NAME Jacob Lorenthal
(a) Residence: No. 11 S. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Lorenthal

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Mary Lorenthal
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Shana Shmuck
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Morris Singer
(Address) 2127 E. Lavinont ave
18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 8-1-34 19
19. UNDERTAKER Jack Levin Inc
(Address) 1739 E. Balto st
20. FILED AUG - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....
I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2 days

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Injury Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Joseph L. Carpenter M.D. Coroner
(Address) 16 South Broadway

H. D. B. 1268-9

F 03651

03651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6703 Harford Rd St., (Ward) 29-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Vincenza Scafidi

(a) Residence: No. 6703 Harford Rd St.

(Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Salvador Scafidi

7. DATE OF BIRTH (month, day, year): Nov. 10 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Salvador Scafidi

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Interment Aug. 1934

19. UNDERTAKER: Leonard Rudt (Address) 5305 Harford Rd

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1933 to July 29, 1934

I saw her alive on July 29, 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma vagina	1933
Other contributory causes of importance:	
metastases to g. u. tract	1934
Uremia	1934

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. A. Mc... M. D.

(Address) 624 Harford Rd

D. B 1208-8

✓ F 03652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

03652

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Maud Stevens

(a) Residence: No. 520 Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER John Forte

14. BIRTHPLACE (city or town) (State or country) Southampton Ct Virginia

15. MAIDEN NAME OF MOTHER Susan French

16. BIRTHPLACE (city or town) (State or country) Essex Ct Virginia

INFORMANT Father Stevens Husband

(Address) 520 Mount St.

BURIAL, CREMATION, OR REMOVAL

Place Asbury Conn — Date Aug 3rd, 1934

UNDERTAKER Mrs Robert A. Elliott Daughter

(Address) 1129 Carolina St

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on July 29 1934 Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty myocardial degeneration	July 29 1934
Coronary Embolism	

Other contributory causes of importance:

Obesity

Name of operatinn Date of

What test cnnfirmed diagnosis Inquest Was there an autopay? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M.D.

(Address) 16 South Broadway Coroner

1934

F 03653

03653

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1841 N. Regester Street St., (Ward) 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 Years yrs. mos. 3a. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Nolan

(a) Residence: No. 1841 N. Regester Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lawrence H. Nolan

DATE OF BIRTH (month, day, year) Nov. 18, 1856.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8.	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Maryland

13. NAME Jacob Baker

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

15. MAIDEN NAME Mary Arnold

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ella R. Kiel (Daughter)

(Address) 1841 N. Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Aug. 3, 1934

19. UNDERTAKER

(Address)

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11 to July 5, 34

I last saw her alive on July 30, 34 Death is said to have occurred on the date stated above, at 3 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile	
Mitral R. gastritis	
Insufficiency	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Signed) Thos. Insley M. D.

(Address) 2956 E Balto

D. B 1268-9

F 03654

03654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward) 6-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ephrain T. Jones

(a) Residence: No. 200 No Broadway St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Tillett

DATE OF BIRTH (month, day, year) Oct 14 - 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	18	17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mayo's Harbor North Carolina

13. NAME Ephrain T. Jones

14. BIRTHPLACE (city or town) (State or country) Mayo's Harbor North Carolina

15. MAIDEN NAME Annie L. Mayo

16. BIRTHPLACE (city or town) (State or country) Mayo's Harbor North Carolina

INFORMANT Luther E. Jones

(Address) 3220 Kenyon Ave

BURIAL, CREMATION, OR REMOVAL Mayos Harbor Date 8/5/34

UNDERTAKER Chas. J. Rutherford

(Address) 23 Hoffman Building

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.. to ....., 19..

I last saw h alive on Inquiry, 19.. Death is said to have occurred on the date stated above, at 4 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malarial Fever	?

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Valentine M. D. Coroner

(Address) 16 South Broadway

M. D. B. 1268-9

F 03655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03655

CERTIFICATE OF DEATH

X 34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Matthews

(a) Residence: No. Union Bridge Md St. Ward. Union Bridge, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Matthews

DATE OF BIRTH (month, day, year) 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country) Taneytown Carroll Co Md

13. NAME Williams Mathews

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (city or town) (State or country) Taneytown Carroll Co Md

17. INFORMANT Virginia Walker

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Taneytown Md Date May 3 1934

19. UNDERTAKER Dodrer & Hafer Funeral Directors

(Address) Taneytown Md

Filed ..... 19..... Registrar.

-1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31/34 . 19 . to 5/1/34 . 19

I last saw him alive on 3/31/34 . 19 . Death is said to have occurred on the date stated above, at 12:40 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/28/34

Syphilitic Meningitis

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H W Langhuth . M. D.

(Address) Union Bridge.

M. D. B. 1268-9

✓ F 03656

HEALTH DEPARTMENT—CITY OF BALTIMORE

03656

CERTIFICATE OF DEATH

66-005

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman's Hosp

CITY OF BALTIMORE: (No. John + Lafayette St., ... Ward) 8-01

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Minnie Rizer

(a) Residence: No. 2623 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Wm. Rizer

6. DATE OF BIRTH (month, day, year) Feby 15 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Louis Deise
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Elizabeth Reding
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Rizer
(Address) 2623 E Preston

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Aug 3, 1934

19. UNDERTAKER Chas O Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED AUG 1 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to July 31, 1934

I last saw her alive on July 31, 1934. Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia	1932
Chronic Myocarditis	1932
Chronic Passive Congestion	1934 July 5

Other contributory causes of importance:

Name of operation Thyroidectomy Date of July 28

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Beverley C. Compton M. D.

(Address) Woman's Hosp.

M. D. B. 1268-9

F 03657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03657

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH — Registered No. ....

CITY OF BALTIMORE: (No. ~~6305~~ 625 St. John's Rd. St., Ward) 27-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Dunlap

(a) Residence: No. ~~6305~~ 625 St. John's Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Charles L. Dunlap

DATE OF BIRTH (month, day, year) Dec. 31, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Darrington

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Rebecca Leary

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary D. Clopton

(Address) 3913 Cloverhill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemty Date Aug. 2, 1934

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

John O. Mitchell & Sons

-1934 Funeral Director

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1934, to 7/31, 1934.

I last saw her alive on 7/31, 1934. Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Edema	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Specify)

(Signed) Geo. A. Hastings M. D.

(Address) 5835 York Road

H.D. B. 1268-9

✓ F 03658

03658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 2-01 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Stephen Kavanaugh

(a) Residence: No. 515 S. Anne st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed or divorced: HUSBAND of (~~wife~~) Cecelia Kavanaugh

7. DATE OF BIRTH (month, day, year) June 5, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	58 1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parker Rk. Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Steven Kavanagh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Clifford

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Aug 4 1934

19. UNDERTAKER Edward F. Coughlin

(Address) 3746 Eager St.

20. FILED ..... 19 ..... Registrar.

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29 1934 to Aug 1 1934

I last saw him alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 8.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	?
Intestinal obstruction	7-16-34
Peritonitis	?

Other contributory causes of importance:

Bronchial pneumonia	?

Name of operation Colostomy Date of 7-29-34

What test confirmed diagnosis? Physical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Butterworth, T. W., M. D.

(Address) Mercy Hospital, Balto. Md.

AACo. 5-31 250B

F 03659 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03659

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1731 Linton St., (Ward) 9-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Margaret Boer

(a) Residence: No. 1731 Linton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Nov 29 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME August Boer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Hinzeling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Boer
(Address) 1731 Linton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug. 3 1934

19. UNDERTAKER Hughes & Son Inc
(Address) 1241 W. Lexington

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934 to July 31, 1934

I last saw h[illegible] alive on July 30 1934 death is said to have occurred on the date stated above, at 1:24 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/27/34

Other contributory causes of importance:

Uremia 7/29/34
Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. H. Meyer Jr., M. D.

(Address) 1520 E. 33rd St.

H. D. B. 1268-9

F 03660

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03660

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH 514 N. Lakewood Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 7-01

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Zimmerman

(a) Residence: No. 514 N. Lakewood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad Zimmerman

DATE OF BIRTH (month, day, year) July 11 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	-	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) - | 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Phillip Diller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara A. Dew

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Hawkes

(Address) 514 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhaus Cemetery Date August 2, 1934

19. UNDERTAKER Wyatt & Sons Inc.

(Address) 1241 E. Monument St.

Date received for record Aug 2 1934

20. [illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to July 30, 1934

I last saw h[illegible] alive on July 29, 1934 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 yr

Other contributory causes of importance:

mitral insufficiency	2
aortic insufficiency	
chronic myocarditis	

Name of operation none Date of -

What test confirmed diagnosis? clinical findings Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. C. Tebbitt, M. D.

(Address) 514 N. Lakewood Ave.

F 03661 ✓ F 03661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No.) St. Agnes Hospital St., (Ward) 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thomas Wells also known as Thaddeus Edward Wells

(a) Residence: No. Simpsonville Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Thos Wells.

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Elen Sykes

16. BIRTHPLACE (city or town) Md (State or country)

INFORMANT Thos L Wells (Address) Simpsonville Md

BURIAL, CREMATION, OR REMOVAL

Place Woodberry Date Aug 3, 1934

UNDERTAKER F. Higginbotham Jr (Address) Ellicott City

AUG 2 - 1934 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 31 - 34
Other contributory causes of importance:	
Arteriosclerosis	
Name of operation None	August 1 34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L Wehlinger M. D.

(Address) 16 E Lexington Baltimore Coroner

D. P. 1268-A **F 03662** ✓ **F 03662**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Fiequith St., Ward 10-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen H. Thomas

(a) Residence: No. 912 Fiequith St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Annabelle Thomas

DATE OF BIRTH (month, day, year) approx 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	approx 53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post office

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 12yrs

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Alfred Thomas

14. BIRTHPLACE (city or town) (State or country) Crisfield Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Annabelle Thornton

(Address) 912 Fiequith St

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 8-2- 1934

UNDERTAKER Bryant Francis W. Wright

(Address) 1218 McElderry St

FILED 8-2- 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to July 30 1934

I last saw h[illegible] alive on July 29 1934 Death is said to have occurred on the date stated above, at 6 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	July 29 1934
Other contributory causes of importance: Chronic Interstitial Nephritis	8 mos
Extreme Hypertension	
Hemiplegia (Also Paralysis) Right	July 29 1934

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Young M. D.

(Address) 1424 E Monument St

F 03663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward) 15-01

Length of residence in city or town where death occurred 64 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jenny C. Robinson

(a) Residence: No. 3424 Edmondson ave. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Robinson

DATE OF BIRTH (month, day, year) Feb. 1, 1863

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	71	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Alexander Cameron

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Eliza McIntyre

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Aug 3rd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

62-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 34 to August 1 34

I last saw her alive on August 1, 1934 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Meyer Jacobsen, M. D.

(Address) Baltimore City Hospitals

F 03664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St., Ward) 27-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Lowell Dorn

(a) Residence: No. 5305 Morella St., Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

If married, widowed or divorced — HUSBAND of (or WIFE of): Louise Rosenbaum

DATE OF BIRTH (month, day, year): Aug. 6 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailoring
10. Date deceased last worked at this occupation (month and year): 5 / 23
11. Total time (years) spent in this occupation: 42 / 4

12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME OF FATHER: Baruch Rosenbaum
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME OF MOTHER: Minchen Levitan ?
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Hosp Record
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Aug 3rd 1934
19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

FILED 2-1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31 1934
22. I HEREBY CERTIFY, That I attended deceased from July 19 1934 to July 31 1934 that I last saw him alive on July 31 1934 and that death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene Rt. Foot — diabetes	
Other contributory causes of importance: Senility Shock	

Name of operation: Amputation Leg Date of: 7/31/34
What test confirmed diagnosis: Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luther S. Leas M. D.
(Address) Balto. City Hospitals

F 03665

F 03665

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 St Paul St., Ward) 13-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Grace C. Robinson

(a) Residence: No. 1809 St. Paul St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Wayne Robinson

DATE OF BIRTH (month, day, year) April 6th 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Charlestown West Va.
13. NAME John M. Fellows
14. BIRTHPLACE (city or town) (State or country) Charlestown West Va
15. MAIDEN NAME Grace B. Coleman
16. BIRTHPLACE (city or town) (State or country) Charlestown West Va.
17. INFORMANT Grace B. Schellhas (Mother)
(Address) 1809 St Paul St
18. BURIAL, CREMATION, OR REMOVAL Loreland Park Date Aug 2nd 1934
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED 19 Registrar

8-2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934 to July 31 1934

I last saw her alive on July 30 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis, Asthma, Bronchial	July 24
	2
Other contributory causes of importance: Acute dilatation of Heart	July

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

03666 Dopkin ✓ E 03666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 5-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Annie Dopkin
(a) Residence: No. 115 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Harry
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Hasa
16. BIRTHPLACE (city or town) (State or country) Russia
INFORMANT Hospital Records
(Address)
BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Date 8/2/34, 19
UNDERTAKER Jack Lenz Inc
(Address) 1439 E. Baltimore St.
[illegible] 19 [illegible] Registrar.

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934 to August 1, 1934
I last saw her alive on August 1, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral hemorrhage	
2. Hypertension	
3. Cerebral vascular accident	7-25-34

Other contributory causes of importance:

1. Hypostatic pneumonia terminal	

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Wagnella, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. F 03667 ✓ F 03667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Williams St., 22 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia K. Gallagher

(a) Residence: No. 806 William St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	John A Gallagher

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) Dec 7 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME August Schwartz

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Mary R Sudland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John A Gallagher

(Address) 806 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cemetery Date Aug 4 . 1934

19. UNDERTAKER John F. Devers

(Address) 7 S Eutaw St

GR - 1934 Huntington Williams Pitt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 . 1934

22. I HEREBY CERTIFY, That I attended deceased from May 27 . 1934 to Aug 1 . 1934

I last saw her alive on Aug 1 . 1934 Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Cerebral Hemorrhage	Aug 1st

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopay?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Neil Holland M. D.

(Address) 707 E. Fort Ave.

D. R. F 03668

F 03668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. F 03668

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 911 Light St., (Ward) 24-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
(Length of residence in city or town where death occurred 72 yrs. 8 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Emrick
(a) Residence: No. 911 Light St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Emrick

DATE OF BIRTH (month, day, year) Nov. 1, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Conrad Emrick
13. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known
INFORMANT (Address) Mrs. Mary Emrick 911 Light St.,

17. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug. 3, 1934
18. UNDERTAKER (Address) John J. Henry 715 Light St

2ED 1934 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1934.
22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to July 31 1934
I last saw him alive on July 31 1934 Death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset about Dec 1933

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) J. Edw. Emrick M. D.
(Address) 910 Light St

M. D. B. 1268-9

3669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03669

CERTIFICATE OF DEATH

79-001

Registered No. 21-31

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth Pfeiffer

(a) Residence: No. 735 N. Hamburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) Dec 19 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Franklin Pfeiffer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Florence Trott

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Florence Pfeiffer

(Address) 735 N. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 24, 1934

19. UNDERTAKER J. B. Upshur & Son

(Address) 1500 Eutaw St

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to Aug 1, 1934

I last saw him alive on Aug 1, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Right	July 29
Meningitis, tuberculous	

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irene Lehman M. D.

(Address) City Hospital

082 - 1934 Attest: [illegible] Registrar

D. B. 1268-9

F 03670 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03670

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., ... Ward) 11-91

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Wyatt

(a) Residence: No. 255 W. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Horace Wyatt

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME OF FATHER Harris Jenkins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Clara (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 8/2 19 34

UNDERTAKER Heyser Euston & Co.
(Address) 216 Park Ave

FILED ..... 19 ..... Registrar.

AUG 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Inquiry 19 . Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo Carditis	Unknown
Other contributory causes of importance:	
Nephritis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John L. Valentine M. D.
Coroner

(Address) 16 South Broadway

H. D. P. 1268-9

F 03671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03671

CERTIFICATE OF DEATH

122-001

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1226 N. Gay St., (Ward) 1st

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S. if of foreign birth 32 yrs. — mos. — ds.

2. FULL NAME Anna L. Savitsky

(a) Residence: No. 1226 N. Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced (or) WIFE of the late Vincent Savitsky

DATE OF BIRTH (month, day, year) Not Known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	72	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Alexander Daledotsky

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Helen Reid

(Address) 1226 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Aug 3rd 1934

19. UNDERTAKER Lemmon Funeral Home Inc

(Address) 1301 E. Eager St.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to July 31, 1934.

I last saw her alive on July 31, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Umbilical Hernia	30 years
Intestinal Obstruction	June 1934

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Goldberg M. D.

(Address) 1524 N. Collington Ave

F 03672

F 03672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) 7-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. L Haynes

(a) Residence: No. Warrenton Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy Mulberry

DATE OF BIRTH (month, day, year) 4/20/03

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cert. Pub. acct

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ill

13. NAME Frank Haynes

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Anna Leopold

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Records Mrs. Dorothy Haynes
(Address) JOHNS HOPKINS HOSPITAL Moline, Ill

18. BURIAL, CREMATION, OR REMOVAL
Place Moline, Ill. Date Aug. 3, 1934

19. UNDERTAKER John O. Mitchell & Sons Inc
(Address) 1900 Eutaw Place

AUG 2

20. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to Aug 1, 1934.

I last saw h[illegible] alive on Aug 1, 1934 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Tumor of Testicle, Rt., (Malignant Teratoma with Metastases) — Date of onset Sept. 33

Other contributory causes of importance: ...

Name of operation Orchidectomy Date of 1-10-34

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

03673

G v F 03673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward) 1-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mary B. Cremny

(a) Residence: No. 800 S. Luzerne Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 4, 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME of Father Leopold Cremny

11. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. MAIDEN NAME of Mother Victoria Cembur

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

14. INFORMANT Leopold Cremny
(Address) 800 S. Luzerne

15. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 8/3 1934

16. UNDERTAKER John J. Puda
(Address) 2810 Hudson St

17. FILED Aug 2 - 1934 19— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ——— 19— to ——— 19—

I last saw him alive on ——— Death is said to have occurred on the date stated above, at ——— m.

The principal cause of death and related causes of importance were as follows:

Crushed Abdomen — Date of onset
Internal Injuries

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/1 1934
Where did injury occur? 800 block S. Luzerne Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Struck by auto truck
Nature of injury while playing in street

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Sokarras M. D.
Coroner
(Address) 200 E Madison

D. B. 1268-9

03674

HEALTH DEPARTMENT—CITY OF BALTIMORE 03674

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Sharp St., 23-91 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Stevens Jones

(a) Residence: No. 917 Sharp St., Ward. 23

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Chas Green

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Henrietta Green

(Address) 917 Sharp St

BURIAL, CREMATION, OR REMOVAL

Place Laurel Ct Date 8/2/34 19

UNDERTAKER Isaiah L Brown Son

(Address) 101 W Montgomery St

FILED 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24. 1934 to July 30 1934 that I last saw h. alive on July 30 1934 Death is said to have occurred on the date stated above, at 12:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhages	7/24
Uremic Coma	7/24

Other contributory causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. H. Carroll M. D.

(Address) 112 W. Hill St

D. B 1268-9

F 03675 ~~F 03675~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: No. 1208 McCulloch St., (Ward) 17-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Gertrude Palmer

(a) Residence: No. 1208 McCulloch St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Fem	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) -1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News Va

13. NAME Mahone

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Martha Olivia
(Address) 1035 N. Eutaw

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Aug 4 1934

19. UNDERTAKER E. Sner Heath
(Address)

20. Filed Aug 4 1934, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pulmonary Phthisis	
Emaciation	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leek M. D.
Coroner
(Address) Coroner

Aug 4 1934
0810 THE MORGUE

F 03676

H. D. B. 1268-9

76

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Walbrook Ave. St., 15-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Walter Lewis Suter

(a) Residence: No. 3503 Walbrook St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Lee Suter

DATE OF BIRTH (month, day, year) Nov 4th 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	30.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: James E. Suter

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME OF MOTHER: Belle G. Leef

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: J. W. Suter Jr.

(Address) 3503 Walbrook

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Aug 2 1934

19. UNDERTAKER: H. J. Tegtmeyer Sons

(Address) Normal Temple Ave Huntington Village, N.Y.

20. FILED AUG 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24/34, 19 to July 31/34, 19

I last saw him alive on July 30, 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage. and paralysis. Myocarditis. hypostatic pneumonia — Date of onset: Feb 24 1934, about 2 wks. 1 day.

Other contributory causes of importance: arteriosclerosis — 1928

Name of operation None Physical — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Tuttle M. D.

(Address) 2220 Garrison Blvd

F 03677

F 03677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 50

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
St. Agnes Hosp.
CITY OF BALTIMORE: (No. Kirkman & Caton Ave Ward) 25-C
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Mitchell

(a) Residence: No. Rome N.Y. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 27th 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) N.Y. City
13. NAME Charles R. Parks
14. BIRTHPLACE (city or town) (State or country) N.Y.
15. MAIDEN NAME Adelaide Sayles
16. BIRTHPLACE (city or town) (State or country) Ky.
17. INFORMANT Mrs. J. McCarthy
(Address) Maple Drive - Catonsville
18. BURIAL, CREMATION, OR REMOVAL
Place Utica, N.Y. Date 8/1/ 1934
19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave
FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1934 to 8-1, 1934
I last saw h[illegible] alive on Aug. 1 1934 Death is said to have occurred on the date stated above, at 7 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	Dec 1933
Other contributory causes of importance: Metastasis to Lung, Brain etc.	May 1934

Name of operation Removal Breast Date [illegible] 1934
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George A. Stewart M. D.
(Address) 2W Read St

Spec. 1-10-21 M&T 1500 Blks.

03678 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03678

CERTIFICATE OF DEATH.

94-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4205 Springdale ST., WARD) 24.01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E Roberta Heim

(a) RESIDENCE NO. 4205 Springdale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J. Heim dec

6 DATE OF BIRTH (month, day, and year) July 4, 1870

7 AGE Years 64 Months - Days 27 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 37

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Gorrell John G Gorrell

11 BIRTHPLACE OF FATHER (city or town) Harford County

(State or country) Md

12 MAIDEN NAME OF MOTHER Sophie A Bowman

13 BIRTHPLACE OF MOTHER (city or town) Harford County

(State or country) Md

14 Informant Louis & Heim Son

(Address) 4205 Springdale Ave.

15 Filed 2-1934 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1st 1934

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1934, to Aug 1st, 1934, that I last saw h[illegible] alive on Aug 1st, 1934, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs mos ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation & Exam

(Signed) Joseph Gleichman M. D.

8/2, 1934 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 8/4 1934

20 UNDERTAKER Lord & Cook

ADDRESS 1003 West Baltimore St.

Cor. 15-8-31-A Co.—200 Bks.

F 03679

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03679

CERTIFICATE OF DEATH.

210-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hosp. Ward) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian J. Biebking

(a) RESIDENCE NO. 340 S. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 1, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	43	9	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe Fitter Helper

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. RR

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Biebking

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Lotz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant (Address) Mrs. Catherine Joyce 340 S. Stricker St.

15 Filed 8-2-1934 Hunter for Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

(Signed) Joseph Young (Coroner)

7/31, 19 34 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. d

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Aug. 3 19 34

20 UNDERTAKER Joseph J. Cook ADDRESS 1003 East Baltimore

F 03680 ✓ F 03680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 S. Monroe St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da. 19-81

2. FULL NAME Elizabeth King

(a) Residence: No. 539 S. Monroe St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. King

DATE OF BIRTH (month, day, year) December 15, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Nicholas Good

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. A. King

(Address) 539 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 2 . 1934

19. UNDERTAKER Wm. H. Cook

(Address) 1006 W. Baltimore St.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 . 1934

22. I HEREBY CERTIFY, That I attended deceased from April 18, . 1934 to July 30 , . 1934

I last saw her alive on July 30, . 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-carcinoma ovary with abdominal metastases.	March 1932

Other contributory causes of importance:

Name of operation Adeno carcinoma Ovary Date of March 7/193

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry F. Buettner . M. D.

(Address) 1319 Light St.

D. B. 1268-9

Bause

E-03681

681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE St., Ward)

Length of residence in city or town where death occurred mos. If not in U. S., how long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Caroline Bause (or Carrie)

(a) Residence: No. 317 S. Ann St., 2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Bause

7. DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 7-29-34

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Cato Md

13. NAME Fredrick Gerber

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Katherine Hess

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John H. Bause

(Address) 317 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Aug 3rd 1934

19. UNDERTAKER Lilly & Julia Doc.

(Address) 423 E Monument St

FILED AUG 2 - 1934 19 Registrar

Huntingtown, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31- 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1934 to 7-31 1934

I last saw h alive on 7-31- 1934 Death is said to have occurred on the date stated above, at 1:04 p m.

The principal cause of death and related causes of importance were as follows:

Strangulated hernia

Date of onset

Other contributory causes of importance:

Name of operation Resection Strangulated Date of 7-

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. P. F. F 03682 ✓ F 03682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N Dallas St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Johnson 7-01

(a) Residence: No. 904 N Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Edna Johnson

DATE OF BIRTH (month, day, year) March 20, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Benson N.C.

13. NAME Wm Johnson

14. BIRTHPLACE (city or town) (State or country) Prince Ann Co N.C.

15. MAIDEN NAME Hattie Green

16. BIRTHPLACE (city or town) (State or country) Wake Co. N.C.

INFORMANT Hattie Reed (Mother)

(Address) 904 N Dallas St

BURIAL, CREMATION, OR REMOVAL

Place National Mem. Date Aug 4th 1934

UNDERTAKER Mrs Robert Elliott-Slaughter

(Address) 1129 Caroline St.

FILED 2-1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to July 31, 1934

I last saw him alive on July 31, 1934. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	May 1934
Other contributory causes of importance: Parenchymatous Nephritis and generalized Arteriosclerosis	May 1934

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

F 03683 ✓ F 03683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 10-01

2. FULL NAME Archie Hodges

(a) Residence: No. 717 Aisquith st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Tempie Hodges

DATE OF BIRTH (month, day, year) Dec. 6, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

8. Date deceased last worked at this occupation (month and year) Unknown 9. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Edward Hodges

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Daphne ?

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Fayetteville N.C. Date Aug 2, 34

UNDERTAKER Mrs R-A. Elliott
(Address) 1129 N Carolina

FILED 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to July 29, 1934

I last saw him alive on July 29, 1934 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	May 1934
Other contributory causes of importance:	
Pulmonary tuberculosis	2 mos

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W Jacobson M. D.
(Address) Baltimore City Hospitals

D. P. 1268-9

✓ F 03684

03684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 25-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Larkins

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	?

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Md.

12. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records (Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place University Hosp Date Aug 2 19 34

UNDERTAKER [illegible] (Address)

FILED 1934 Huntington Williams, Supt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3 1933 to July 28 1934 That I last saw him alive on July 28 1934 Death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	40 yrs.
Myocardial insufficiency	?
Senility	?

Other contributory causes of importance:

Name of operation Date of ?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phegley M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

✓ F 03685

HEALTH DEPARTMENT—CITY OF BALTIMORE

03685

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Asa Llewellyn

(a) Residence: No. 404 S. Eaton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 11, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Canton Ohio

13. NAME OF FATHER John Morgantown W. Va

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME OF MOTHER Kate Kellar

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mayerick Hosp. Date Aug 2 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED Huntington Williams, M.D. Registrar.

1934 D603 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to July 30, 1934

I last saw him alive on July 30, 1934. Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Bilateral cerebral hemorrhage (Sud)	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magruder, M. D.

(Address) Balt City Hosp

D. B. 1268-9

F 03686

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03686

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 26-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Gibson

(a) Residence: No. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	?

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 50			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balt. City Hosp.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University Hosp. Date Aug 2 1934

UNDERTAKER

(Address)

1934 Huntington Williams Mfg Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25 1933 to July 30 1934

I last saw him alive on July 30 1934 Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease Hypertension Arteriosclerosis Myocardial Insufficiency	? ? 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Angel M. D.

(Address) Balt City Hosp

H. D. B. 1268-9

F 03687

HEALTH DEPARTMENT—CITY OF BALTIMORE

3687

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Fear Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George K. Moore

(a) Residence: No. 3810 Fear Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie Moore

DATE OF BIRTH (month, day, year) Oct. 4, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year) Aug. 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Telford Moore

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Hester

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James L. Moore
(Address) 3001 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 8/3 1934

19. UNDERTAKER L. Lerner Lemmon
(Address) 4611 Park Heights Ave

20. Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to Aug 1 1934

Last saw h[illegible] alive on July 31 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Parenchymatous nephritis & uremia, Gradual weakening 1 year.	June 1-34

Other contributory causes of importance: Enlarged prostate, very nodular. age of an orange

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. H. Phillips M. D.

(Address)

D. B. 1268-9

✓ F 03688

03688 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 21st Ward

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna E. B. Schaefer

(a) Residence: No. 608 Hollen Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward A. Schaefer.

6. DATE OF BIRTH (month, day, year) Jan. 7. 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Eugene C. Buckingham,

14. BIRTHPLACE (city or town) (State or country) Phila. Penna.

15. MAIDEN NAME Maria L. Lancaster.

16. BIRTHPLACE (city or town) (State or country) Abingdon Md.

INFORMANT Edward A Schaefer

(Address) 608 Hollaen Road

BURIAL, CREMATION, OR REMOVAL

Place London Park Date August 4 1934

UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave.

FILED ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31 . 1934. to August 2 . 1934

I last saw her alive on August 2 1934 Death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicial Abscess	

Other contributory causes of importance:

Myocardial Failure	

Name of operation Incision & Drainage Date of 8/1/34

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Emil J. C. Hildenbrand M. D.

(Address) University Hospital

D. B 1269-9

✓ F 03689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

03689 — Registered No. 140

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward) 8-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Irene M. Ader

(a) Residence: No. 1602 No Bradford St., Ward. X (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry L Ader

DATE OF BIRTH (month, day, year) Feb 22-1898.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Mr Tultz

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT (Address) Harry L Ader 1602 No. Bradford St

BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date Aug 4 1934

UNDERTAKER (Address) John C Miller 2435 E Oliver St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h.. alive on January, 19.. Death is said to have occurred on the date stated above, at 5.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abcess	About July 20 1934
Other contributory causes of importance:	over 7
Septic Peritonitis	

Name of operation ... Date of ...

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph C. Volpe M. D. Coroner

(Address) 16 Town Building

F 03690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 45

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton aves. St., Ward) 25-C (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Shillingburg

(a) Residence: No. Mt Storm, W. Va St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shillingburg

7. DATE OF BIRTH (month, day, year) 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible], 1934

19. UNDERTAKER [illegible]
(Address)

FILED 3-1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Aug 2, 1934

I last saw him alive on Aug 2, 1934 Death is said to have occurred on the date stated above, at 5 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tonsil	2-1-34

Other contributory causes of importance:

Bronchopneumonia	7-1934

Name of operation Excision of tonsil Date of 7-31-34

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G Herbst, M. D.

(Address) St Agnes Hosp

F 03691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03691

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 FAIRVIEW AVE. St., 15-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME KALMAN HETTLEMAN

(a) Residence: No. 3509 FAIRVIEW AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ANNA

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

13. NAME WILLIAM HETTLEMAN

14. BIRTHPLACE (city or town) (State or country) RUSSIA

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT DAVID HETTLEMAN
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place LORRAINE Date 8-3-34. 19

19. UNDERTAKER JACK LEWIS INC.
(Address) 1439 E. BALTO. ST.

20. FILED 19 Registrar

8-3-1934 Hampton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-34. 19

22. I HEREBY CERTIFY, That I attended deceased from June 29 19 34 to Aug 1 19 34
I last saw him alive on Aug 1 19 34 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation none Date of

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Grover C Kay M. D.
(Address) 2401 Linden Ave

Becky Epstein ✓F 03692

F 03692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., (Ward) 27-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Becky. Beeking. Epstein

(a) Residence: No. Hebrew Home for Aged St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME D. K.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME D. K.

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Belle Levin

(Address) 2846 Garrison ave

BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 8-3-34 19

UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

FILED 19 Thomas Williams

AUG 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934 to August 2, 1934

I last saw her alive on August 2, 1934 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Chronic Myocarditis	
Cardiac hyper trophy & dilatation	
Cardiac failure	
Broncho-pneumonia - type undet	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Williams Surgeon M. D.

(Address) Sinai Hospital.

MVF 03693

F 03693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. ..... Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William K. Walter

(a) Residence: No. 1344 W. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Guild Mfg. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Geo. J. Walter
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Grace Fleming
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Mrs. Grace Loesdon
(Address) 1344 W. Washington St
18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 3 1934
19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St.
20. FILED 1934 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 ... to ... 19 ...
I last saw him alive on July 31 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/31 1934
Where did injury occur? Corner of Washington St
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by automobile
Nature of injury White walking in Street

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Pokorny M.D. M. D.
Coroner
(Address) 2009 E. Madison St

F 03694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Kadlec

(a) Residence: No. 706 No Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Laura V Kadlec

6. DATE OF BIRTH (month, day, year) Sept 9 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Clarence Kadlec

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME OF MOTHER Julia Kysanek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Laura V Kadlec

(Address) 706 No. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem Date Aug 4/34 19

19. UNDERTAKER Philip Herrig Sons

(Address) 216 Orleans St.

19 8-1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h alive on Injury, 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute atrophy of liver	about 2 wks.
Other contributory causes of importance:	
Arsphenamine reaction	2 or 6

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Kahlenberg M. D. Coroner

(Address) 16 South Broadway

D. B. 1268-9

F 03695

3695 HEALTH DEPARTMENT—CITY OF BALTIMORE

121

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. ~~Ward~~ Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? 49 yrs. mos. ds.

2. FULL NAME Anna Vozalecky

(a) Residence: No. 721 N. Rose St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Vozalecky

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

13. NAME Kaspar Protopk

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Anna Protopk

16. BIRTHPLACE (city or town) (State or country) Europe

INFORMANT Kaspar Protopk

(Address) 2215 E Madison

BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Aug 4 1934

UNDERTAKER Frank Erickson

(Address) 1901 Eastland Ave

Aug 3 1934 Remington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-24 1934 to 7-31 1934

I last saw her alive on 7-31 1934 Death is said to have occurred on the date stated above, at 10 50 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 7-27-34

Other contributory causes of importance:

Cholecystitis

Chronic cholecystitis

Chronic appendicitis

Pyonephrosis

7-25-34

Name of operation Cholecystostomy Date of 7-25-34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrason L. Brown, M. D.

(Address) University Hospital

D. B. 1268-9

3696

F 03696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) Ward) 25-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME John Clark

(a) Residence: No. 3326 Tate Av, Fairfield Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma (dead)

6. DATE OF BIRTH (month, day, year) Aug 25 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46 ?	11	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Same

14. BIRTHPLACE (city or town) (State or country) ? Va

15. MAIDEN NAME Jane Wilkinson

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place 177 Calvary Date Aug 3 1934

UNDERTAKER Robt F. Watkins

(Address) 1515 Pt. Edward St

FILED Aug 3 1934 E. Williams Registrar

3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934 to July 30, 1934

I last saw him alive on July 30, 1934 Death is said to have occurred on the date stated above, at 3 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of kidney	-?-
c metastases & inguinal glands & peritoneum	-?-

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phaquil M. D.

(Address) Balt. City Hospitals

F 03697 ✓ F 03697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001

Registered No. 6-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 9 N. Washington St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie A Holzhand
(a) Residence: No. 9 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 18-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	14 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME John Holzhand
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Dorothy Keech
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Miller Holzhand
(Address) 9 N Washington
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date August 6 1934
19. UNDERTAKER Leo J Cook
(Address) 1123 N Mt Pleasant

AUG 3 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 2 1934 19

22. I HEREBY CERTIFY, That I attended deceased from July 31 1934 to AUG 2 1934 19
I last saw h... alive on AUG 2 1934 19 Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 yr
Other contributory causes of importance: Cerebral Hemorrhage	3 days

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Kent M. D.
(Address) 415 Washington

O. B 1268-9

F 03698 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03698

CERTIFICATE OF DEATH

94-001

Registered No.

PLACE OF DEATH 313 N. Schroeder St., Ward) 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Harrod

(a) Residence: No. 313 N. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Harrod

ATE OF BIRTH (month, day, year) 1891

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Richard Edwards

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rachel ? Garrett

16. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Benjamin Harrod

(Address) 3131 Schroeder St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 3, 1934

NDERTAKER Mrs. Katie E. Williams

(Address) 322 N. Schroeder St.

Huntington Williams Reg. Asst.

ILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If not specify .....

(Signed) Eugene Zeller, M. D. Coroner

(Address) 213 Eastern Ave.

F 03699 HEALTH DEPARTMENT--CITY OF BALTIMORE F 03699

CERTIFICATE OF DEATH

131 REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1114 Shields Pl ST. Georgiana & Holly WARD) 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Georgiana Shields Pl

(Residence in Baltimore: No. 1114 Shields Pl St.: 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widow

6. DATE OF BIRTH: 1, (Month) (Day) (Year)

7. AGE: 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION (a) Trade, profession, or particular kind of work: Housewife 037 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country): Md.

PARENTS

10. NAME OF FATHER: George Waters

11. BIRTHPLACE OF FATHER (State or country): Va.

12. MAIDEN NAME OF MOTHER: Charity Barkley

13. BIRTHPLACE OF MOTHER (State or country): Eastern Shore, Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza Oden (niece)

(Address) 528 Oxford St.

15. Filed AUG 3 1924. Huntington Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 31 (Day), 1924 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1924 to July 31 1924. that I saw h[illegible] alive on July 31, 1924. and that death occurred, on the date stated above, at 10:20 a m. The CAUSE OF DEATH* was as follows:

Cardiac Vascular Renal

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Myocarditis and Arteriosclerosis (Duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D.

(Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: National Cemetery

DATE OF BURIAL: August 3, 1924

20. UNDERTAKER: Mrs. Katie F. Williams

ADDRESS 322 N. Schroeder St.

D. B. 1268-9

F 03700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46

Registered No. F 03700

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., A Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? 12-91 yrs. mos. ds.

2. FULL NAME C. Harry Sylvester

(a) Residence: No. Pasadena Post Office St. Md. Ward.
(Usual place of abode) Anne Arundel County (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 12 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Isaac Henry Sylvester

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Elizabeth Nilley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Lloyd H. Sylvester

(Address) 132 McCabe Ave.

BURIAL, CREMATION, OR REMOVAL

Place Date 8/3 19 34

UNDERTAKER

(Address)

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934 to July 31 1934

I last saw him alive on July 31 1934 Death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	June 1933
Pyloric Obstruction	July 1, 1934
Broncho-pneumonia	7/29/34

Other contributory causes of importance:

Generalized arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? X-rays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

✓ F 03701

03701 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 East Preston St., Ward) 10

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Helen Harward.

(a) Residence: No. 1744 E. Preston. Ward. .....

(Usual place of abode) 40 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married.

If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Hal Newton Harward

DATE OF BIRTH (month, day, year) Sept 4, 1873.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	29.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 037

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none.

BIRTHPLACE (city or town) (State or country) Raleigh North Carolina.

13. NAME Harvey Chappell.

14. BIRTHPLACE (city or town) (State or country) Raleigh North Carolina.

15. MAIDEN NAME Martha Phillips.

16. BIRTHPLACE (city or town) (State or country) Raleigh North Carolina.

INFORMANT Hal Newton Harward

(Address) 1744 East Preston

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 4 1934

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 3-1934 Huntington Wilkins, M.D. 8-2-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934. to August 2 1934.

I last saw her alive on August 2 1934. Death is said to have occurred on the date stated above, at 9.48 m A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
(131)	

Other contributory causes of importance:

Chronic Myocarditis & myocardial degeneration 93(c). Arteriosclerosis

Name of operation (97). Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Graham Marston M. D.

(Address) 516 Cathedral ST

D. P. 1268-9

F 03702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence W. Growig 1-01

(a) Residence: No. 624 S. Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie (dead)

6. DATE OF BIRTH (month, day, year) July 29, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 4 009

12. BIRTHPLACE (city or town) (State or country) New Freedom Pennsylvania

13. NAME Cyrus W. Growig

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary J. ?

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Records (Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Aug 4th 1934

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED 3-1934 Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to Aug. 1 1934

I last saw him alive on Aug. 1 1934 Death is said to have occurred on the date stated above, at 1¼ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	3 days
Bronchopneumonia	Term.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagill M. D.

(Address) Balt City Hosp

F 03703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 Garrett Ave St., Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Mary E. Gray

(a) Residence: No. 2521 Garrett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Gray

DATE OF BIRTH (month, day, year): Nov 20 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

8. Date deceased last worked this occupation (month and year): Aug 1st 1934

11. Total time (years) spent in this occupation: 50 yrs

9. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10. NAME: Mary Carroll

11. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

12. MAIDEN NAME: Yankowina

13. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

14. INFORMANT: Clarence R. Gray

(Address): 2521 Garrett Ave

15. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: Aug 4th 1934

16. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

17. FILED: Aug 6 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on January 1, 19 . Death is said to have occurred on the date stated above, at 11 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	Aug 1 1934
Other contributory causes of importance: Arteriosclerosis	?

Name of operation: Date of

What test confirmed diagnosis: Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D.

(Address) 6 Bond Branch Away Coroner

F 03704

B 1265-0

03704 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. 9-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2018 Madison St., Ward 2b

Length of residence in city or town where death occurred ... yrs. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Saul W. Halfpenny.

(a) Residence: No. 1732 Homestead St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (Write the word): Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Virgie B. Halfpenny

DATE OF BIRTH (month, day, year): Oct 8-1880

AGE: Years 53 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

10. NAME: Saul Halfpenny

10. BIRTHPLACE (city or town) (State or country): Baltimore Md

11. MAIDEN NAME: Unknown

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT (Address): Virgie Halfpenny 1736 Homestead St

BURIAL, CREMATION, OR REMOVAL

Place: Bells Cross Date: Aug 3-1934

UNDERTAKER: H. B. Hilgert & Son

(Address): 1520 Eastern Ave

FILED: Aug 3-1934 Assistant Registrar, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration

Coronary Thrombosis — Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Link M. D. Coroner

(Address)

D. P. 1268-9

03705

F 03705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 14-01

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Morrison (Morris)

(a) Residence: No. 560 Laurens st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown (1910)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24 23			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME William Morris

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Maggie Coleman

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 8/3/34

UNDERTAKER Chas E Cropper (Address) 5141 Calhoun St

AUG 3 - 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to July 30, 1934

I last saw him alive on July 30, 1934. Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	8 mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

B 1268-9

03706 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. 03706

PLACE OF DEATH Found floating in the water at

Y OF BALTIMORE: (No. Pier 5 Pratt St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

4-06

FULL NAME James Jackson.(C)

(a) Residence: No. 2 S. Frederick St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	Colored	Do not know.

married), widowed, or divorced HUSBAND of (or) WIFE of ----------

TE OF BIRTH (month, day, year) Do not know.

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----	----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Do not know.

. NAME Do not know.

4. BIRTHPLACE (city or town) (State or country) Do not know.

5. MAIDEN NAME Do not know.

6. BIRTHPLACE (city or town) (State or country) Do not know.

NFORMANT Joseph Ellis.(C)

(Address) 946 Harlem Ave.

BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Aug 3 , 19 34

UNDERTAKER

(Address)

FILED 1934 [illegible]

THIS BOROUGH.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found July 26, 1934 , 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Drowning,

Probably Accidental.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto A. Reinhardt , M. D. Coroner

7/31/34 (Address) 1017 St. Charles St.

F 03707

F 03707

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 2530 Wash Blvd. Ward) 21/91
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie E. Biers

(a) Residence: No. 2530 Wash Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of John H. Biers

DATE OF BIRTH (month, day, year) Nov 5 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Martin Schanze

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Neitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Woodcock
(Address) 4365 Juneway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/3-34

19. UNDERTAKER Chas E. Loudon
(Address) 2359 Wash Blvd

20. FILED 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased (from) Oct 4 1931 to Aug 1 1934

I last saw her alive on July 31 1934 Death is said to have occurred on the date stated above, at 2 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma Generalized	one

Other contributory causes of importance:

Terminal Bronchopneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) E. Howard Donald M. D.

(Address) 817 Park Ave

D. B. 1268-9

F 03708

HEALTH DEPARTMENT—CITY OF BALTIMORE

03708

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Baby Baird, "A" 8-01

(a) Residence: No. 223 Lyndale Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2 1934

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
~~Hours~~			2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Children

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Irving Thomas Baird

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

15. MAIDEN NAME Mary Ethel Miller

16. BIRTHPLACE (city or town) (State or country) Forest Ct. Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Aug 3 1934

19. UNDERTAKER John F Penny

(Address) 715 Light St

20. FILED 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH 2nd

21. DATE OF DEATH (month, day, year) August 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.. , to ....., 19..

I last saw h... alive on ..... , 19.. . Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	Aug 2 1934

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Valentine M. D.
Coroner

(Address) 2 East Broadway

D. B 1268-9

✓ F 03709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

03709

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St Joseph Hospital St., Ward) 8-01

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Baby Pearl

(a) Residence: No. 323 Lyndale Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Aug 2 1934

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 day		9 hrs.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. or
9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

3. NAME Living Thomas Pearl

4. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

5. MAIDEN NAME Mary Ethel Miller

6. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

NFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Aug 3 1934

UNDERTAKER John F Dennis

(Address) 715 Eutaw St

Huntington Williams M.D.

(Registrar)

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... January 1934 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	Aug 2 1934

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 18 East Lexington

D. P. 1268-9

F 03710

03710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 3-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jessie Gordon

(a) Residence: No. 323 S. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-20-34

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5 mos	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jessie Gordon

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Felicia White

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Jo's Med College Date Aug 2, 1934

UNDERTAKER
(Address)

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to Aug 2, 1934.

I last saw her alive on Aug 2, 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bronchs	7-29-34

Other contributory causes of importance:

Prematurity (1 month)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A. Warfield M. D.

(Address) Johns Hopkins

P 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03711

03711

CERTIFICATE OF DEATH

82-001

Registered No. 8-91

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1021 No Dallas St St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Theresa Owens

(a) Residence: No. 1021 No Dallas St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Brykingham Owens

DATE OF BIRTH (month, day, year) March 5 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10. NAME John Yacle

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Henrietta Baymon

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Joseph R Owens
(Address) 1021 No Dallas St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemet. Date Aug 6 19 34

UNDERTAKER Henry Hoen & Sons, Inc.
(Address) 1301 E Eager St.

FILED 1934 Hamilton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on January , 19 . Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central hemorrhage	Aug 2 1934
Other contributory causes of importance: Arteriosclerosis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Carter M. D. Coroner

(Address) 16 East Broadway

D. B. 1268-9

✓ F 03712

03712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E. 29th. St. St., Ward) Goal

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Baker

(a) Residence: No. 1507 E. 29th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) Aug. 18, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. Baker

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Emily

16. BIRTHPLACE (city or town) (State or country) --

INFORMANT Emma M. Baker
(Address) 1507 E. 29th St.

BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 8/4/34, 19

UNDERTAKER John C. Mitchell & Son Inc.
(Address) 1900 Eutaw Place

FILED ---, 19--. ---------- Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from July 31 '34 to Aug. 2, 19 34

I last saw her alive on Aug. 2, 19 34 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 31, '34
Arterio Sclerosis General	1924

Name of operation ---- Date of ----

What test confirmed diagnosis? ---- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ---- 19----

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ----

Manner of Injury ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) Medical Arts. Bldg.

D. B. 1268-9

✓ F 03713

713

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-002

CERTIFICATE OF DEATH

Fairfield 25-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Chesapeake Ave St., Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan L. Beardmore

(a) Residence: No. 1520 Chesapeake St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. F. Beardmore

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Wm. F. Donnelly.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Joyce

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT G. F. Beardmore

(Address) 1520 Chesapeake Ave

BURIAL, CREMATION, OR REMOVAL Place Holy Cross (a.a.Co.) Date 8/4 34

UNDERTAKER J. J. Fraley & Son

(Address) 1318 E. Pratt St

Filed ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to July 21 1934

I last saw her alive on July 21st 1934. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Catarrhal Bronchitis	July 33
Other contributory causes of importance: General Debility and Heat Prostration	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X

Manner of injury X X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Donnelly M. D.

(Address) 1340 E. Chase St

Co. 5-31 250B

V F 03714

3714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Belair Road St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Christiana E. Hemminger

(a) Residence: No. 5201 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles F. Hemminger

6. DATE OF BIRTH (month, day, year) May 1st 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Württemberg Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Charles F. Hemminger

(Address) 5201 Belair Road

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Aug. 4 1934

UNDERTAKER Frederick Lueckenhoff & Sons

(Address) 4401 Belair Road

FILED ..... 19..... Registrar.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934 to August 2 1934

I last saw h... alive on ..... 19... death is said to have occurred on the date stated above, at 5^00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	Summer
Arterial Hypertension & Aortic Insufficiency	1932.
Other contributory causes of importance:	
Apoplexy and Uraemia	10 days ago.

Name of operation ..... Date .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Disenhaus M. D.

(Address) 605 E. North Ave

F 03715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3715 — 193 — Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 6508 Armstrong Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME John A. Small

(a) Residence: No. 6508 Armstrong Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Sophia T. Small

7. DATE OF BIRTH (month, day, year) June 16th 1878

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Railways

10. Date deceased last worked at this occupation (month and year) Aug 2nd 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Gaithersburg Md

13. NAME OF FATHER William P. Small

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Mary F Hetter

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Sophia T. Small

(Address) 6508 Armstrong Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Aug 4th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED 1934 Huntington Hitchcock Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... Death is said I last saw h... alive on ..., 19... to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows: Coroner's Inquest

Chronic Myocarditis 6 months

Died sudden.

Other contributory causes of importance: After fatally stricken came in contact with feed Electric wire and burned

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Falk M. D. Coroner

(Address) Coroner

B. B. 1268-9

✓ F 03716

HEALTH DEPARTMENT—CITY OF BALTIMORE

03716

CERTIFICATE OF DEATH

82-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospitals St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Peter Proios 26 01

(a) Residence: No. 623 S. Newkirk St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	14	Unknown		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Mills

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem

8. Date deceased last worked at this occupation (month and year) July '34

11. Total time (years) spent in this occupation 10 1/2

9. BIRTHPLACE (city or town) (State or country) Greece

10. NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Greece

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Greece

14. INFORMANT Maria Merinakos

(Address) 312 S. Aisham St.

15. BURIAL, CREMATION, OR REMOVAL

Place Mordlawn Date Aug 4 1934

16. UNDERTAKER Williams & Cook

(Address) 1217 St Paul Street

17. Filed Aug 4 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on July 19..... Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1934

Other contributory causes of importance:

Unknown	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Wahlen M. D. Coroner

(Address) 10 South Broadway

O. B 1268-9

F 03717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

3717

PLACE OF DEATH

CITY OF BALTIMORE: (No. Patterson Park St., (Ward) 20-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Giovanna Di Carlo

(a) Residence: No. 2153 Madison St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline De Santis

DATE OF BIRTH (month, day, year) Jan 8 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Presser) Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Notareseo Italy

13. NAME Ermenegilda Di Carlo

14. BIRTHPLACE (city or town) (State or country) Notareseo Italy

15. MAIDEN NAME Luca Di Carlo

16. BIRTHPLACE (city or town) (State or comtry) Notareseo Italy

INFORMANT Joseph Di Carlo (Address) 2153 Madison St

BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Aug 4, 1934

UNDERTAKER Frank Zeller & Sons (Address) 52 N. Morgan St.

Filed ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Hemorrhage due to bullet wound in chest	Aug 2 1934
b.	
c.	
d.	

Other contributory causes of importance: Suicide

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Aug 2, 1934

Where did injury occur? Baltimore Md.

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State) Public place

Manner of injury Bullet wound.

Nature of injury Hemorrhage due to bullet wound.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) John L. Valentine M. D. Coroner

(Address) 16 South Broadway

D. P. 1268-9

F 03718

HEALTH DEPARTMENT—CITY OF BALTIMORE

03718

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... da. How long in U. S. if of foreign birth? ..... yrs ..... mos ..... da.

2. FULL NAME — Chas Lee Diggs

(a) Residence: No. 313 N. Schroeder St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced: HUSBAND of (or) ~~WIFE~~ — Martha Diggs

DATE OF BIRTH (month, day, year) — July 19 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ? 066

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

BIRTHPLACE (city or town) (State or country) — Baltimore

13. NAME — Charles Diggs

14. BIRTHPLACE (city or town) (State or country) — Maryland

15. MAIDEN NAME — Catherine Stewart

16. BIRTHPLACE (city or town) (State or country) — Pennsylvania

INFORMANT — Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 5, 1934

UNDERTAKER — Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED — Huntington Williams, M.D.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29 1934 to Aug 1 1934

last saw ... alive on July 31 1934. Death is said to have occurred on the date stated above, at 5.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Arteriosclerosis	?
(a) Retention urine	3 days
(2) Uremia	2 days
(3) Urinary suppression	2 days

Other contributory causes of importance: Cystitis, Prostatic

(1) Suprapubic Cystotomy
(2) Enlargement Drainage 3 Catheter — Date of operation ? — Autopsy? yes

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lot. Good M.D.

(Address) Baltimore City Hospitals

D. B. 1268-9

F 03719

03719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Good Shepherd Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

22-01

2. FULL NAME Sophia Brown

(a) Residence: No. 1203 Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Rosa Harris Neal
(Address) 608 Bark St.

BURIAL, CREMATION, OR REMOVAL
Place Mount Lear Date Aug 4 1934

UNDERTAKER Joseph A. Sitzler
(Address) 1407 N. Monroe St.

DATE 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26 1934 to Aug 1 1934

I last saw her alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7 days
Hypertension cardio-vascular Renal disease	2 weeks.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Marsh M. D.

(Address) 1838 Druid Hill Ave.

B 1268-9

E 03720

HEALTH DEPARTMENT—CITY OF BALTIMORE

03720

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hosp. St., Ward)

th of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

27-01

FULL NAME Clark Mathai

(a) Residence: No. 212 Northway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide C. Mathai

TE OF BIRTH (month, day, year) 12-17-1884

E Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	16 15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer, Quarry

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

IRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Wm. Mathai

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Alice Jones

BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT Mrs. Adelaide C. Mathai

(Address) 212 Northway.

URIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Aug 14/34 19

NDERTAKER Stewart & Mowen Co

(Address) 108 W. North Avenue

ED 1554 Med. for Wife Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2-1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7-27-34
Following Fracture of Patella.	7-13-34

Other contributory causes of importance:

None Known.

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? In Quarry.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Tripped on cable.

Nature of injury Fractured Patella

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify .....

(Signed) Allen Murray Coroner. M. D.

(Address) 363 Roland Ave.

B 1268-9

Coroner Morrissey

✓ F 03721

03721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193

Registered No. .....

PLACE OF DEATH
Pronounced Dead at Union Memorial Hospital (If death occurred in a hospital or institution, give NAME instead of street and number.)
CITY OF BALTIMORE: (No. ..... S. ..... Ward) 9-20-34

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mervin F. Lord

(a) Residence: No. 514 Chestnut Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 28th 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools
9. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

10. BIRTHPLACE (city or town) (State or country) Balto Md
12. NAME Frederick E. Lord
13. BIRTHPLACE (city or town) (State or country) Smithsville Md.
15. MAIDEN NAME Edith E. Carey
16. BIRTHPLACE (city or town) (State or country) Laurel Md
17. INFORMANT Frederick E. Lord
(Address) 514 Chestnut Hill Ave
18. BURIAL, CREMATION, OR REMOVAL Loraine Cemetery Jan 4 1934
19. UNDERTAKER Lullwin Croft
(Address) 1217 St Paul Street

Filed ..... 193.. Registrar.

F-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

Electrocuted Accidental Grasping electric fixture while standing in bathtub.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-V, 1934
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home -
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J Morrissey M. D.
Coroner
(Address) 360 Roland Ave

D. B. 1268-9

F 03722

03722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 8-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Premature Boy Ralph Bascomb Stanford

(a) Residence: No. 2701 Chesterfield Ave St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-2-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union Memorial Hosp. (State or country) Baltimore Md

13. NAME Ralph Bascomb Stanford

14. BIRTHPLACE (city or town) ATLANTA-GA (State or country)

15. MAIDEN NAME Terry Sylvester

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

INFORMANT Mother

(Address) 2701 Chesterfield Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 4 1934

UNDERTAKER Albert W Berry Jr

(Address) 440 E Madison St

... 19... Registrar.

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1934 to 8-3 1934

I last saw h[illegible] alive on 8-3 1934 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital Heart	8-2-34

Other contributory causes of importance:

ATELECTASIS

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Frances Sterling M. D.

(Address) Union Memorial Hospital

D. B 1268-9
3723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03723

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. President Hosp St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Chas Johnson

(a) Residence: No. 123 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced
HUSBAND of
(or WIFE of)

ATE OF BIRTH (month, day, year) Mch 25 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Cumberland Md

NAME Chas Johnson

BIRTHPLACE (city or town) (State or country) N. C

MAIDEN NAME Irene Hamlett

BIRTHPLACE (city or town) (State or country) S. C.

NFORMANT Rosie Johnson

(Address) 1123 Madison

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 4 1934

NDERTAKER Thos. M. Chase & Son

(Address) 631 N. Gilmor

FILED 19 Registrar.

AUG 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on August 2 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Funk M. D.

Coroner

(Address)

C.—1-30—M. & T.—250 Bks. SOPHIA BECKER. ✓

03724 F 03724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

REGISTERED NO. 20-016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 123 McPhail ST. (WARD) B

2-FULL NAME Sophie Buchen (Becker)

(a) RESIDENCE NO. 123 McPhail St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of or) WIFE of Henry Buchen

6 DATE OF BIRTH (month, day, and year) April 2-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Clara R Becker

(Address) 123 McPhail St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3-1934

17 I HEREBY CERTIFY, That I attended deceased from July 15 1934 to Aug 3 1934, that I last saw h[illegible] alive on Aug 2 1934, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Angina

(Signed) Thos. Fehlinger, M. D.

, 19 (Address) 1939 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 8/6 1934

20 UNDERTAKER Robert Brooks & Son

ADDRESS Eutaw & Hoffman Sts

D. B. 1268-9

✓ F 03725

3725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt St.; (Ward) 16-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elic Rodgers

(a) Residence: No. 1604 Kings Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1904.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 640

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Perry, Fla.

13. NAME Dave Rodgers

14. BIRTHPLACE (city or town) (State or country) Perry, Fla.

15. MAIDEN NAME Candy Holmes

16. BIRTHPLACE (city or town) (State or country) Perry, Fla.

INFORMANT Balto City Hospt
(Address) Records

BURIAL, CREMATION, OR REMOVAL
Place Hartwell Ga Date 8-4 34

UNDERTAKER Daniel Easton
(Address) 966 Pennsylvania Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1933 to 8-2 1934

I last saw him alive on 4-2 1934 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Tuberculosis of Spine	?
(2) Tuberculosis right clavicle abscess	?
(3) Tuberculosis of right abdominal wall	?
Other contributory causes of importance: Secondary anemia malnutrition	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Luther E. Cate M. D.

(Address) Balto City Hospitals

1934

H. B. 1268-9

726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03726

CERTIFICATE OF DEATH

34

Registered No. 12-54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2331 Bryant Ave (Ward) 69th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Emanuel Jacobs

(a) Residence: No. 2331 Bryant Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Janet G Jacobs

DATE OF BIRTH (month, day, year) Jan 13 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs. Rose Kaufman

(Address) 2331 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Aug 5 1934

19. UNDERTAKER Lothian & Co

(Address) 2132 Eastern Ave

20. FILED AUG 4 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934 to Augt 3rd 1934

that I saw him alive on August 2 1934 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
several years	

Other contributory causes of importance: Uraes.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. W. Keown M. D.

(Address) 1938 Linden Ave

B 1268-9

M-F 03727

HEALTH DEPARTMENT—CITY OF BALTIMORE

3727

CERTIFICATE OF DEATH

X 210-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St Agnes Hospital St. Ward 35-01

th of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Cristino Ito Rowe

(a) Residence: No. Waynesboro Pa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Lineta Kauffman

ATE OF BIRTH (month, day, year) Nov 24 1900

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	2	13	2

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Penna

NAME Cristino Rowe

4. BIRTHPLACE (city or town) (State or country) Penna

5. MAIDEN NAME Minnie Veda

6. BIRTHPLACE (city or town) (State or country) Penna

NFORMANT Ralph Rowe

(Address) Waynesboro Pa

URIAL, CREMATION, OR REMOVAL

Place Waynesboro Pa Date Aug 7 1934

NDERTAKER Wm J Lackenbach

(Address) Wash & Fayette Sts

UED 1934 Aug 6 Filed Aug 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4/1934

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to ..... 19.....

I last saw h... alive on August 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Fractured Skull

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/4/1934

Where did injury occur? Frederick Rd & Edgehill
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell accident

Manner of injury Struck by auto while walking on street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Colony M. D.
Coroner

(Address) 1102 E Monument St

D. B. 1268-9

✓ F 03728

3728 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

Registered No. 28201

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 S. Payson St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Mary Snyder

(a) Residence: No. 340 So Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 2, 1934.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George H. Snyder

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Eleonora G. Linthicum

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Carrie L. Linthicum
(Address) 340 S. Payson, St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/6/34, 19

19. UNDERTAKER Frederick A. Colby
(Address) 1205 W. Lombard St.

20. FILED Aug 6 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 - 19 34 to ..... 19 .....
I last saw her alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9 10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debility - Malnutrition - Prematum Birth	?
Other contributory causes of importance: Foots reopied and stopped Joseph L. Valentine Surgeon	8-3-34

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Helen Hemming M. D.
(Address) 2000 Hollins St.

8-1934

D. B. 1268-9

F 03729

F 03729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-001

Registered No. 4-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert McKenzie.

(a) Residence: No. Alberton Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/5/1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Albert Curtis McKenzie

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nettie M. Eyler

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT University Hosp.
(Address) Baltimore.

BURIAL, CREMATION, OR REMOVAL
Place Good Shepherd Date Aug 7, 1934

UNDERTAKER Eutaw Place Funeral Home
(Address) Eutaw & Lanvale Sts.

8-5-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1934, to Aug 4, 1934.

I last saw him alive on Aug 4, 1934 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Otitis Media.	

Other contributory causes of importance:
Acute purulent Meningitis.

Name of operation none Date of

What test confirmed diagnosis? spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Hude M. D.

(Address) University Hospital

F 03730

D. P. 1268-9

8391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03730

124-001

3-01

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Terrilligar

(a) Residence: ~~No.~~ St. Augustine, Fla St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/21/93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME Alex. Terrilligar

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Ella Brooks

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Augustine Fla. Date Aug 6, 19 34

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 8-1934, 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Aug 4, 1934

I last saw him alive on Aug 4, 1934. Death is said to have occurred on the date stated above, at 5 22 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion of Coronary Artery	Aug. 4 1934
Other contributory causes of importance: Cirrhosis of liver (Alcoholic)	Aug 1933

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Padget M. D.

(Address) The Johns Hopkins Hospital

F 03731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. F 03731

PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Hospital St., (Ward) 27-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If not in city or town where death occurred) 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah C. Farrell

(a) Residence: No. 3516 Oakmont Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 25, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	08	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Johns Thomas

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Howard Co, Md

17. INFORMANT Edward O. Mullen

(Address) 3516 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 6, 1934

19. UNDERTAKER George L. Lehnert

(Address) 2101 Frederick Ave

FILED Aug 6 - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ngng, 19 to 19

I last saw alive on ngng, 19 . Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left clavicle & scapula	7/29/34
Bronchopneumonia	8/1/34
Other contributory causes of importance:	
Automobile Accident	7/29/34

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/29, 1934

Where did injury occur? Monroe & Lafayette (Specify city or town, County, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which she was riding collided with another

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph B Kearney Coroner M. D.

(Address) 2200 E Madison St

F 03732

F 03732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md. Gen. Hosp. St., 12-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Josefina Gunbar.
(a) Residence: No. 2029 Orleans Ave. St., Ward. X
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — 4. Color or Race: white — 5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 31 - 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	3 4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Italy
12. NAME of Father Ernesto Lucci
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME of Mother Teresa Novelli
16. BIRTHPLACE (city or town) (State or country) Italy
INFORMANT Liane McCulloch
(Address) 2029 Guilford Ave
BURIAL, CREMATION, OR REMOVAL
Place Maryland Park Date Aug 5th 1934
UNDERTAKER Wm Cook
(Address) 1217 St Paul St
FILED Aug 6 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1934
22. I HEREBY CERTIFY, That I attended deceased from 7-19-34 to Aug 4 1934
I last saw her alive on Aug 30 1934. Death is said to have occurred on the date stated above, at 1 am m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Pelvic Abscess	
Pelvic Peritonitis	
Generalized peritonitis	7-20-34

Other contributory causes of importance: Myocardial Failure

Name of operation Exploratory Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) H. E. Proctor M. D.
(Address) Md Gen Hosp.

F 03733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Stratford St. St., 20-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Virginia Brown

(a) Residence: No. 1930 Stratford St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	white	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thos. J. Brown

DATE OF BIRTH (month, day, year) 9/5/1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mary E. Jacobs

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Stratton

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. Lane (daughter)

(Address) 1930 Stratford St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 8/7/34 19

UNDERTAKER J. J. Fisher & Sons.

(Address) 618 Light St.

FILED 8-4 19 34 Clinton Willis Registrar.

5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 19 34

22. I HEREBY CERTIFY, That I attended deceased from 8/1/34 19 34 to Aug. 3 19 34

I last saw her alive on Aug 3 19 34 Death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chronic Nephritis.	?

Other contributory causes of importance:

Name of operation Data of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

8/4/34 (Signed) R. Kelly Hemming M. D.

(Address) 2000 Hollins

F 03734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03734

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., Ward 201 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Barry.

(a) Residence: No. 917 S Potomac St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charlotte (dead)

6. DATE OF BIRTH (month, day, year) August 28, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Connecticut

13. NAME James W.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Hussey.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Records

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Middletown Conn. 8/5 1934

UNDERTAKER John J. Foley & Sons

(Address) 131 E. Eight St.

FILED 5-1934 Huntington Williams, Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 34

22. I HEREBY CERTIFY, That I attended deceased from June 18 1934 to August 3 1934

Last saw [illegible] alive on August 30 1934 Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancinoma. - Head of pancreas.	6 Mos?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) T. Fuqua M. D.

(Address) Balt. City Hosp

D. B. 1368-9

F 03735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03735

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Fillmore St., Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Pope

(a) Residence: No. 1112 Fillmore St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Married

If married, widowed, or divorced WIFE of Dudley C. Pope

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Conrad Lindberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anne Mattes

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Dudley C. Pope

(Address) 1112 Fillmore

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 6 1934

UNDERTAKER J. J. Gobel Inc.

(Address) 1318 Light St.

FILED Aug 6 1934 Thurlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to Aug 3, 1934. I last saw her alive on Aug 3 1934. Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Other contributory causes of importance:	
Acute Cholangitis	10 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Wolfe M. D.

(Address) 1127 N. Eutaw St

D. P. 1268-9

F 03736

F 03736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., (Ward) 11-01

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Edward Bowman

(a) Residence: No. 704 Cathedral St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If ~~married~~ widowed, or ~~divorced~~

HUSBAND of ~~or WIFE~~ of Olive Bowman 1848

6. DATE OF BIRTH (month, day, year) 11-7-49

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, Merchant 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ky

13. NAME John Bowman

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Mary Tomlinson

16. BIRTHPLACE (city or town) (State or country) Ky

INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 6 * 193*

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED ~~Aug~~ 19 ~~34~~ Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to Aug 4, 1934

I last saw ~~him~~ alive on Aug 4, 1934 Death is said to have occurred on the date stated above, at 6 35 ~~P~~ A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis, Vascular Uremia	3 mo
Arteriosclerosis	years
Myocardial Failure	Sudden
Vesicle Calculus	1 yr.

Other contributory causes of importance:

Name of operation Cystolopaxy Date of 6-26-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter J Baker M. D.

(Address) Johns Hopkins Hosp

spec.—1-12-23—M&T—500 Blks.

F 03737

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03737

47

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3436 Virginia Ave (St.) (WARD) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Detrick Frank Kahl-Jr

(a) RESIDENCE NO. 3436 Virginia Ave (St.) WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

6 If married, widowed, or divorced HUSBAND of (or WIFE of) Mary S. Kahl.

DATE OF BIRTH (month, day, and year) July 3-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57	1	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer) Self. 052

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Detrick F. Kahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash D.C.

12 MAIDEN NAME OF MOTHER Agnetta Fahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Mrs Mary S. Kahl

(Address) 3436 Virginia Ave.

Registered Aug 5 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1934

17 I HEREBY CERTIFY, That I attended deceased from April, 1934, to Aug. 3, 1934, that I last saw h[illegible] alive on Aug 3, 1934 and that death occurred, on the date stated above, at 1:35 P. m

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of Mediastinum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Chas L. Reinoehl, M. D.

, 19 (Address) 709 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Aug 6th 1934

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. B. 1265-B

F 03738 ✓ F 03738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Provident Hospital St., 22-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charley White

(a) Residence: No. 30 Hueston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of No Record

DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT Lillian Clay

(Address) Crisfield Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Md. Date Aug 7 19 34

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Preston St

20. FILED [illegible] 19 34 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5-9-34 . 19 . to 8-4-34 . 19

I last saw him alive on 8-4-34 . 19 . Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	

Other contributory causes of Importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Neil Reese M. D.

(Address) Provident Hospital

D. B. F-9 F 03739 F 03739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH South Baltimore General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 23-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Colbert

(a) Residence: No. 33 E Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of Mother Elsie Colbert

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Esther Colbert

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Louis Colbert
(Address) 33 E Hamberger

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 6th 1934

UNDERTAKER E Schlosman & Son
(Address) 1059 Hanover st

FILED Aug 6 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to August 3 1934 that I last saw h~~im~~ alive on ~~Aug 2~~ Aug 3 1934. Death is said to have occurred on the date stated above, 19:15 p m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
& Intersusception

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Webb M. D.
(Address) 1213 Light St.

H. D. B. 1268-5

F 03740

F 03740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Latrobe St., 12-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Bertha Keys

(a) Residence: No. 1719 Latrobe St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Keys

7. DATE OF BIRTH (month, day, year) 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co, Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry Keys

(Address) 1719 Latrobe st

18. BURIAL, CREMATION, OR REMOVAL

Place Laphanock, Essex Co Va. Date Aug 5, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 S. Schroeder St.

20. FILED AUG 5 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934 to Aug 4 1934

I last saw her alive on Aug 4 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Pulmonary Edema	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Henry Glassman M. D.

(Address) 1753 W 7 Fayette

D. P. 1206

F 03741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03741

92-001

F3741

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 E Monument (Ward) 11-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John A Austin

(a) Residence: No. 713 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write One word only)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 29-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 1 Yr. | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Austin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Matthews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lena Dawson

(Address) 713 E. Mont.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 5, 1934

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Mitral Stenosis

Sudden

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luck M. D.
Coroner

(Address)

D. H. 1268-9

F 03742

F 03742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals Ward) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Bryan

(a) Residence: No. 1508 W Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude (dead)

6. DATE OF BIRTH (month, day, year) July 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME Daniel J. Bryan

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Mary Henry

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

INFORMANT Records Balt. City Hospitals

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 6, 1934

UNDERTAKER Mrs. Katie R. Williams

(Address) 332 N. Schroeder Ste.

FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 29 1932 to August 2, 1934

I last saw h[illegible] alive on August 2 1934 Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of palate to metastases to gland of neck	?
Residual hemiplegia due to old cerebral Hemorrhage	4 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T P Magill M. D.

(Address) Balt City Hosp.

F 03743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Linwood ave St., 26 (Ward) - 01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexius R. Knoth KNOTH

(a) Residence: No. 1909 Linwood Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Knoth

DATE OF BIRTH (month, day, year) Nov. 8 - 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Barbara Knoth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Knoth

(Address) 1909 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loetum Date Aug 4 1934

19. UNDERTAKER J. B. Herbert & Son

(Address) 1300 Eutaw Place

FILED Aug 5 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1934 to Aug 2 1934

I last saw h[illegible] alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis —	Apr 26 1934
acute dilitation of heart	Aug 1/34
Other contributory causes of importance:	
Arterio-Sclerosis	1928

Name of operation none performed Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D Tublett M. D.

(Address) 2220 Edmondson Blvd

G5-1934

F 1268-9

E 03744

03744 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward) 12-01

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Bernard J P Manion

(a) Residence: No. 328 East 20th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice $45

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William J Manion

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Ann O'Connor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Ann O'Connor
(Address) 328 East 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 6 1934

19. UNDERTAKER John A. Mahr
(Address) 3000 E. Baltimore St.

20. FILED Aug 5 1934 [illegible] Registrar.

5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on Inquiry 19 ..... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Encephalitis — Date of onset July 5 1934

Other contributory causes of importance:

None

Name of operation ..... Date of No

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Latham M. D. Coroner

(Address) 16 Forest Parkway

F 03745

F 03745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4917 Park Heights St., 27 (Ward) - 01

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E Allhoff

(a) Residence: No. 4917 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F	W	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jos E Allhoff

6. DATE OF BIRTH (month, day, year) Nov 16 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME OF FATHER John O Goetz

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME OF MOTHER Maria E Myer

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Mrs Dora J Taylor

(Address) 4917 Park Heights

BURIAL, CREMATION, OR REMOVAL

Place Taney Town Md 8/6, 1934

UNDERTAKER Geyer & Taylor

(Address) Fulton Ave & Fayette

FILED Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to Aug 3/34, 19

I last saw h e alive on Aug 3, 1934. Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Mch 20-34
Other contributory causes of importance: Arterio-sclerosis	1926
Chronic interstitial nephritis	1932

Name of operation — Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Walter Dublett M. D.

(Address) 2220 Harrison Blvd

F 03746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03746

53

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 25-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME Adele Hauch

(a) Residence: No. Washington Blvd near Caton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buyer Dept Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Mo

INFORMANT Mrs Margaret Fehrenbacher

(Address) Wash Blvd nr Caton Ave

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 8/6 34

UNDERTAKER Fuge & Fahey

(Address) Fulton & Fayette

FILED Huntington for Wm. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1. 1934 to Aug 3 1934

I last saw h[illegible] alive on Aug 3 1934 Death is said to have occurred on the date stated above, at 5 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cancer of Bladder, Urinary obstruction	10 Mos
Pyelonephritis	2 Mos
Uremia	3 wks
Hypostatic Pneumonia	7/31/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No (If so, specify)

(Signed) Carl G Herbel M. D.

(Address) St Agnes Hosp.

F 03747

F 03747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward 4 - O

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Agnes Payne Garner

(a) Residence: No. 14 Valley Brook Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 30 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME of Father Wm Lewis Payne

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME of Mother Jane C. Morgan

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Medical Records Mercy

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 8/6 1934

Place Woodlawn

19. UNDERTAKER Geo. G. Finlay Sons & Tompkins

(Address) Huntington Williamsport, Md.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16 1934 to Aug. 5 1934

I last saw her alive on Aug 5 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular renal disease	3 yrs.
Other contributory causes of importance: Bronchial Pneumonia	3 days

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Leonard M. D.

(Address) The Mercy Hospital Baltimore

F 03748

F 03748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH Hospital for Women of Maryland Registered No. 04-01
CITY OF BALTIMORE: (No. Lafayette & John St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred - yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? - yrs. - mos. - ds.

2. FULL NAME Baby Girl Connolly (Gertrude Catherine Connolly)
(a) Residence: No. Hospital for Women of Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 28, 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME James P. Connolly
14. BIRTHPLACE (city or town) (State or country) Pennsylvania
15. MAIDEN NAME Gertrude Ryan
16. BIRTHPLACE (city or town) (State or country) Emmittsburg Maryland
17. INFORMANT James P. Connolly
(Address) 148 W. Lanvale Street
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 8/6 1934
19. UNDERTAKER Henry U. Mears & Son
(Address) 502 N. Eutaw St.
20. FILED Aug 6 1934 Huntington Pollock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934 to August 5, 1934.
I last saw her alive on August 5, 1934. Death is said to have occurred on the date stated above, at 2 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	birth

Other contributory causes of importance: —

Name of operation None Date of —
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Glenn Wilson Zeiders M. D.
(Address) Hospital for Women of Md. Baltimore, Md.

D. B. 1268-9

F 03749

F 03749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Stricker St. St., Ward)

Length of residence in city or town where death occurred 92 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

19-01

2. FULL NAME Mary Jane Purdy

(a) Residence: No. 410 S. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1841.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Dennis Purdy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Jacobs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Lilly I. King, (Address) 410 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug. 6, 1934

19. UNDERTAKER Harry G. Lutzke (Address) 4101 Edmondson Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to Aug 3, 1934

I last saw her alive on Aug 2, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarding Degeneration	Aug 3 1934
Bronchopneumonia Terminal	
Senile Valvular Disease	
Fractured femur (left)	July 11 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 11, 1934

Where did Injury occur? Balt. mus rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 410 S Stricker St Home

Manner of injury Fell out of Bed

Nature of Injury Fracture Left Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Elisha W. Pettigrew, M. D.

(Address) 343 N. Eutaw

F 03750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 10-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 No Central Ave St., Ward)

Length of residence in city or town where death occurred 93 yrs 10 mos 0 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME James K. P. Morgan

(a) Residence: No. 908 N Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Morgan

6. DATE OF BIRTH (month, day, year) Oct 3 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME of Father James Morgan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of Mother Lutkemeier

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Morgan

(Address) 908 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Babylon Cem Date 8/6 1934

19. UNDERTAKER Fred McCulley & Son

(Address) 130 E Fort Ave

20. FILED 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	August 3 34

Other contributory causes of importance:

Uremia - Nephritis	2.
	August 1 34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address)

F 03751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2040 Druid Hill St., (Ward) 14-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jas. Austin Carr.

(a) Residence: No. 2040 Druid Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col'd.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 8-1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Walter R. Carr

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Hannaburn-Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Walter R. Carr.

(Address) 2040 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Aug 6th 1934

19. UNDERTAKER Archibald G. Gaddis

(Address) 2101 N. Gilmor St.

Aug 6 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4th 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	

Other contributory causes of importance: Child got under pillow

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury occurred Aug 4. 1934

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Child got pillow over head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leech M. D.
Coroner

(Address) Coroner

F 03752

F 03752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 2-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? . yrs. mos. ds.

2. FULL NAME Charles Brill

(a) Residence: No. 1711 Lancaster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-25-66

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ind

13. NAME Phillip Brill

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Frank

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date Aug. 7 1934

UNDERTAKER Kelly & Sullivan
(Address) 403 N. Wolfe St.

FILED AUG 6 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25. 1934 to Aug 4 . 1934
I last saw him alive on Aug 4 . 1934 Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia about 2 weeks	about 2 weeks
Cardiac Decompensation	

Other contributory causes of importance:

Prostatic Hypertrophy	Many yrs.
Arteriosclerosis	
Hydronephrosis, bilateral	

Name of operation none Date of 0

What test confirmed diagnosis? 0 Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp

D. B. Res-A F 03753 ✓ F 03753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 15-01

1. PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 43 yrs. 9 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred J. Tinley Jr.

(a) Residence: No. 1521 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Daisy G. Tinley

DATE OF BIRTH (month, day, year): Oct 5 1890

AGE: Years 43 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wood Working

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Alfred J. Tinley Sr. BIRTHPLACE (State or country): England

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Nannie V. Wheatley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT (Address): Daisy G. Tinley 1521 N. Appleton St.

BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date Aug. 6 1934

UNDERTAKER (Address): Wm. Tucker Davis Scott & Tatlow

AUG 6 - 1934 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21 1934 to Aug 3, 1934

That saw h. in alive on Aug. 3 1934 Death is said to have occurred on the date stated above, at 1:25 P m.

The principal cause of death and related causes of importance were as follows:

Chr. Cardio Valvular Dis.
Mitral Stenosis & insuff.
Cardiac Decomp
Emphysema - Slight

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry B. Mahon M. D.

(Address) Sinai Hosp.

F 03754

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03754

CERTIFICATE OF DEATH

57 Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th St + Keswick Rd. Ward) 13-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs May Catherine Walton

(a) Residence: No. Home for Incurables St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widow

6. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Charles Walton

DATE OF BIRTH (month, day, year) Nov 25, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Beckleysville (State or country) Md.

13. NAME of Father Sauble

14. BIRTHPLACE (city or town) Baltimore Co. (State or country) Md.

15. MAIDEN NAME of Mother Sara Jane Slyder

16. BIRTHPLACE (city or town) Gettysburg (State or country) Pa

17. INFORMANT Hospital Records

(Address) 40th St + Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Beckleysville, Md Date Aug 6, 1934

Place

19. UNDERTAKER [illegible] Tipton & Sons

(Address) North Ave

AUG 6 - 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1931 to Aug 2, 1934

I last saw her alive on August 2, 1934 Death is said to have occurred on the date stated above, at 10 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Infectious Arthritis with deformity -	1924
Other contributory causes of importance: Chronic Bronchial Asthma,	1920
Chronic Infiltrating Cellulitis with pressure Nedrosis (dorsal)	1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W B Mayo, M. D.

(Address) Medical Arts Building

D. B. 126

F 03755

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03755

CERTIFICATE OF DEATH

119

Registered No. 21-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. X dds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick EDWARD Gregory

(a) Residence: No. 1236 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) June 11-1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Roland Gregory

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Marie Moore

16. BIRTHPLACE (city or town) Somerset Co
(State or country) Maryland

INFORMANT Father
(Address) 1236 Scott Street

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug 7 1934

UNDERTAKER J. H. Dickson & Bro
(Address) Hoffman

FILED Aug 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26 1934 to August 5 1934

I last saw him alive on August 5 1934 Death is said to have occurred on the date stated above, at 7:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis	Aug 3, 1934

Other contributory causes of importance:

Prematurity

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur Langhlin M. D.

(Address) Univ. Hosp.

M. D. B. 1268 F 03756 ✓ F 03756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Home for Incurables — Registered No. .....

(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 40th St + Hesmick St. Rd ..... Ward) 13-0

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Frances Rebecca Bennett

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 13 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas S. Bennett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary E. Creamer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 8/6/34

19. UNDERTAKER Wm. H. Tetterton Sons
(Address) North Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1933 to Aug 3rd 1934

I last saw h[illegible] alive on Aug 3 1934 Death is said to have occurred on the date stated above, at 7.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation due to Chronic Myocarditis	3 yrs.

Other contributory causes of importance:

Diabetes Mellitus	13 yrs.

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Mayo M. D.

(Address) Medical Arts Bldg

F 03757

F 03757

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds. 26 01

2. FULL NAME Lois Stewart

(a) Residence: No. 1209 Dundalk Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 29, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
32	33	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 037

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME John Buick

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Minnie Simpson

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 8/6/ 1934

UNDERTAKER W. E. Humphreys
(Address) 501 N. Broadway

FILED 8 - 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Aug 4 1934

I last saw h— alive on Aug 3 1934 (month) is said to have occurred on the date stated above, at 8:40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Carcinoma of Cervix Uteri	1 Month
Other contributory causes of importance: Cancer of Vagina Fistula Bronchopneumonia	? 8/3/34

Name of operation Implantation of Radium Date of operation ? 2/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Grant M. D.

(Address) Balto City Hospitals

D. F 1268-9

F 03758 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03758

CERTIFICATE OF DEATH

178-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Spence St St., 25 Ward) 01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elvin T. Martin

(a) Residence: No. 1722 Spence St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Ella M. Martin

DATE OF BIRTH (month, day, year): June 14 1899

AGE: Years 35 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chipper & Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drydock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Edwin T. Martin

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Ruth E. Fulcher

16. BIRTHPLACE (city or town) (State or country): Virginia

INFORMANT: Ella M. Martin

(Address): 1722 Spence St

BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug 6, 1934

UNDERTAKER: John F. Denny

(Address): 715 Light St Baltimore, Md

FILED: Aug 6 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation due to Inhalation of Noxious Gas.	August 2, 1934

Other contributory causes of importance:

Name of operation: Inquest, autopsy. Date of: August 3, 34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probable Accident Date of injury: August 2 1934

Where did injury occur? 1722 Home Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Resp. found in bed by wife

Nature of injury: Suffocation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Volkmann, M. D.
Coroner

(Address) 14 So Broadway

F 03759

F 03759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N Decker Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 7-01

2. FULL NAME Percy A Jones

(a) Residence: No. 511 N Decker Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 2 1902

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison Dorchester Co Md

13. NAME James L Jones

14. BIRTHPLACE (city or town) (State or country) Madison Dorchester Co Md

15. MAIDEN NAME Mollie S Hubbard

16. BIRTHPLACE (city or town) (State or country) Madison Dorchester Co Md

17. INFORMANT Mrs Mollie S Woolford

(Address) 511 N Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Aug 7. 1934

19. UNDERTAKER John F. Deany

(Address) 708 Light St

FILED 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 17 1934 to Aug 3 1934

I last saw h.im alive on Aug 2 1934 Death is said to have occurred on the date stated above, at 1835 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	Jan 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel C Wolfe M. D.

(Address) 1331 E. North Ave

F 03760

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03760

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1404 N. Central Av St., 9-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Jones Jr.

(a) Residence: No. 1404 N Central Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	2.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Bernard Jones Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Hubor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter
(Address) 1404 N Central Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Aug 5th 1934

19. UNDERTAKER Geo M. Smith & Son
(Address) 811 N Howard St

Aug 6 - 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1934, to Aug 5, 1934

I last saw him alive on Aug 5, 1934 death is said to have occurred on the date stated above, at 7.45 a m.

The principal cause of death and related causes of importance were as follows:

Prematurity
Congenital Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert Kornreich, M. D.

(Address) 1439 Argyle Av

D. B 1268-9

03761 HEALTH DEPARTMENT—CITY OF BALTIMORE 03761

CERTIFICATE OF DEATH

154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward) 17-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Chester Scott

(a) Residence: No. 534 Orchard St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced WIFE of Madeline Scott

7. DATE OF BIRTH (month, day, year) Sept 22-1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	11 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Churchkoe
(State or country) Virginia

13. NAME OF FATHER William Scott

14. BIRTHPLACE (city or town) Churchkoe
(State or country) Virginia

15. MAIDEN NAME OF MOTHER Charlotte Berry

16. BIRTHPLACE (city or town) Churchkoe
(State or country) Virginia

17. INFORMANT Charlotte Scott
(Address) 534 Orchard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 7/6/1934

19. UNDERTAKER Mrs Hyppe G. Hollan & Denis J. Killian
(Address) 1663 Druid Hill Ave

20. FILED AUG 6 - 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Inquiry, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcic septicemia Abcess of lung	?
Other contributory causes of importance:	
Osteomyelitis of the left ilium	?

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine, M. D. Coroner

(Address) 16 South Broadway

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03762

03762

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins St., ... Ward)

Length of residence in city or town where death occurred 1 Mon. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Adolph Abraham 26-84

(a) Residence: No. 6718 Dalebird Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 - 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

13. NAME Adolf Abraham

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Amelia Lauf

16. BIRTHPLACE (city or town) (State or country) Vienna

17. INFORMANT Amelia Abraham

(Address) 6718 Dalebird Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Christ Lutheran Cem Date Aug 7. 1934

19. UNDERTAKER H. Sander Sons Inc

(Address) 1710 Eden St.

AUG 6 - 1934 Huntington Williams, M.D.

(Registrar's Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Dilat Cardiac	Aug 2 1934

Other contributory causes of importance:

None

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph L. Abraham M.D.

Coroner

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03763

03763

CERTIFICATE OF DEATH

183

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Pier No. 8 Locust Point. St., Ward) 3-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 55 yrs. 3 mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME John Hammel.

(a) Residence: No. 800 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

wife) widowed, or ~~husband~~ of Alvina Albers Hammel.

TE OF BIRTH (month, day, year) April .---1879

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4 3	----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Handler

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine Launch Co.

Date deceased last worked at this occupation (month and year) Aug. 4, 1934

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Henry Philip Hammel.

BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

MAIDEN NAME Kate Roberts.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Madeline Beck. (sister)

(Address) — 1633 E. 33rd St.

RIAL, CREMATION, OR REMOVAL

Date Aug 6, 1934

DERTAKER Charles H. Sanders.

(Address) Baltimore & Broadway

Huntington Dillaver, M.D.
Registrar.

8-6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 0 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Occidental fell between boat and Pier 8 Locust Point.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Autopsy & inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/4/34 19.....

Where did injury occur? Pier 8 Locust Point.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell between boat & Pier.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Steinhardt M. D. Coroner

(Address) 1017 E. Charles St.

F 03764

3764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 51

1. PLACE OF DEATH St. Agnes Hospital — 25-01 — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. William Knock

(a) Residence: No. 5 Delrey Ave. Catons. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Widowed~~ Married

If married, widowed, or divorced HUSBAND of ~~Mrs. William~~ Mrs. Ada E. Knock

DATE OF BIRTH (month, day, year) July 13, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Henry L. Knock
(Address) Catonsville, Md.

~~BURIAL, CREMATION, OR~~ REMOVAL
Place Frederick Md. Date 8-6- 1934

UNDERTAKER Clarence E. Canty
(Address) Frederick, Md.

FILED 19 Registrar.

AUG 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1934 to Aug. 6 1934.
I last saw ~~him~~ alive on Aug. 6 1934 Death is said to have occurred on the date stated above, at 6:22 a. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma - bladder — Date of onset 3/34

over

Other contributory causes of importance:
Chronic nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carl G Neibagl M. D.
(Address) St Agnes Hosp

D. B. 1268-9

3765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03765

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 McKewin Ave., St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Amanda King

(a) Residence: No. 638 McKewin Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Sept. 11, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Richard King

14. BIRTHPLACE (city or town) (State or country) Staten Is. N. Y.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Miss Elizabeth Hutchins

(Address) 638 McKewin Ave.,

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 7, 1934

UNDERTAKER John B. Henry

(Address) 715 Park Ave.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934. to Aug. 5, 1934

I last saw her alive on July 26, 1934. Death is said to have occurred on the date stated above, at 9.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Disease & Coronary Occlusion.	

Other contributory causes of importance:

Arteriosclerosis & Senile Changes.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt. B. Wright, M. D.

(Address) Medical Dept. Bldg.

D. B 1268-9

F 03766

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03766

CERTIFICATE OF DEATH

36

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp St., Ward) 6-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Norman Anchel

(a) Residence: No. 2123 Jefferson St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 27-1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	9 10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME David Anchel

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME Ida Bankman

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Hospital Records

(Address)

15. BURIAL, CREMATION, OR REMOVAL Place Balto Hebrew Date 8/6/34 19

16. UNDERTAKER Jos Lemmler

(Address) 1432 E. Balto St

17. FILED Aug 6 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.....

I last saw h..... alive on August 1. 19..... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia with multiple abscesses	Unknown

Other contributory causes of importance:

Unknown	Unknown

Name of operation ..... Date of ..... None

What test confirmed diagnosis? Surg. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jos L. Holmes M. D. Coroner

(Address) .....

D. B. 1268-9

F 03767 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03767

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Ostend St., ... Ward)

Length of residence in city or town where death occurred 3 yrs. + mos. + ds. How long in U. S. if of foreign birth? 21-01 yrs. ..... mos. ..... ds.

2. FULL NAME Amy Conguest

(a) Residence: No. 802 Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Conguest

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Glenburnie Maryland

13. NAME Gene Nickerson

14. BIRTHPLACE (city or town) (State or country) Glenburnie Maryland

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Glenburnie Maryland

INFORMANT Albert Conguest

(Address) 802 Ostend St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date 8/6/ — 34

UNDERTAKER Elroy C Wilson

(Address) 1002 Brantley Ave

FILED 8-1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1934 to 8/4 1934

I last saw her alive on 8/4 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis 3 mos.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: Tbc Bacilli Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan Drucker M. D.

(Address) 1 W Lee

F 03768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V F 03768

106-002

Registered No. 22-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 15 N.Lee St. St., Ward)

th of residence in city or town where death occurred 50 yrs. ---mos.---ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Eldridge E.Jones.(C)

(a) Residence: No. 15 N.Lee St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, HUSBAND of (or) WIFE of Mary A.Jones.(C)

TE OF BIRTH (month, day, year) June 1,1863

E Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia.

NAME Benjamin Jones.(C)

BIRTHPLACE (city or town) (State or country) Virginia.

MAIDEN NAME Catherine ------(C)

BIRTHPLACE (city or town) (State or country) Virginia.

FORMANT Mary A.Jones.(C) wife.
(Address) 15 N.Lee St.

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ch Date Aug 6 1934

NDERTAKER Isaiah A Bowdoon
(Address) 1010 Montgomery St

8-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.15 P. M.

The principal cause of death and related causes of importance were as follows: | Date of onset

Chronic Bronchitis,
Arterio sclerosis.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M Steinhardt, M. D. Coroner

8/4/34 Address 1017 S. Charles St.

D. B. 1268-9

F 03769

HEALTH DEPARTMENT—CITY OF BALTIMORE

03769

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 23-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 20 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Hearn

(a) Residence: No. 1001 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Hearn

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Brooks

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Cem Date Aug 6, 1934

UNDERTAKER Robt F Nicolai
(Address) 1615 McCulloh St

FILED Aug 7 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to July 3, 1934

I last saw her alive on July 3, 1934 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	?
Other contributory causes of importance: Obstruction - Intestinal	7/25/34
Exploratory Laparotomy Colostomy	7/31/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Gerst, M. D.

(Address) Balto City Hospitals

D. P. 1268-9

F 03770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03770

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27-01 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh Callahan

(a) Residence: No. Notre Dame School St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret McManus

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Records (Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Aug 7, 1934

UNDERTAKER Frank A. Fink (Address) 915 E. Fayette

AUG 3 1934 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934 to August 4, 1934 I last saw him alive on August 4, 1934 Death is said to have occurred on the date stated above, at 9-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Emphysema	?
Bronchopneumonia	2 days?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phegley, M. D.

(Address) Balt. City Hospitals

D. B. 1268-9

✓ F 03771

03771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1-E. 27th St ..... St., ... Ward) 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Cosgrove

(a) Residence: No. 1-E. 27th St ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): April 6 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: John Cosgrave

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Stately

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: My Martin Cosgrove

(Address) 1-E 27-St

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Aug. 7 1934

UNDERTAKER: Margaret E. Flynn

(Address) 217 N. Hilton St

Filed: 1934 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1st 1934 to August 4th 1934

I last saw her alive on August 4th 1934. Death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis — Date of onset 7.31.34

Other contributory causes of importance:

Advanced arteriosclerosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. H. Warthup, M. D.

(Address) 1615 Park Ave

D. B. 1268-9

F 03772

3772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward 44-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Brown

(a) Residence: No. 616 Smithson St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 26, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Baby Boy Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Charlotte C. Richardson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Md Memorial Date Aug 6 ... 1934

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26th 1934 to July 26th 1934.

Last saw h... alive on July 26th 1934. Death is said to have occurred on the date stated above, at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	7-26-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital

FILED ... 1934 ... 15

✓ F 03773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13.002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward) 10-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Allen

(a) Residence: No. 718 Harford av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5-13-34

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Ellis Deed

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Md Med College Date Aug 6 . 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.
1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 . 1934 to July 30 . 1934
I last saw him alive on July 30 . 1934 Death is said to have occurred on the date stated above at 12 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dupuytren's contracture in R hand contracted during infancy.	

Other contributory causes of importance:

Otitis Media
Aug 1910

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of Injury X . 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of Injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased?
X If so, specify

(Signed) John A. Washington . M. D.
(Address) John Hopkins

D. B. 1268-9

✓ F 03774

3774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward) E-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Cagan

(a) Residence: No. 224 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23. 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Herman J. Cagan

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eleanor T. Bacall

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Med College Date Aug 6 . 1934

UNDERTAKER

(Address)

FILED Aug 6 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23rd . 1934 to July 25th . 1934

I last saw h alive on July 25 . 1934 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7-23-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital

D. H. 1268-b

F 03775

F 03775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward) 10-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Allen

(a) Residence: No. 718 Hayford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/13/1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 mos	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME Ellis Allen

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Emma Allen

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Aug 6 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 1934 Huntingtown Williamsburg Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23 1934 to July 30 1934.
I last saw him alive on July 30 1934 Death is said to have occurred on the date stated above, at 4 15 m.

The principal cause of death and related causes of importance were as follows:

Diarrhea Duration one week
Malnourished White male 9 months

Date of onset

Other contributory causes of importance:

Ellis Medical Employee

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify

(Signed) John A. Washington Jr. M. D.

(Address) Johns Hopkins.

D. B. 1268-9

F 03776

03776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Henderson

(a) Residence: No. 520 N. Bond St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 19, 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				12 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME James Allen

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rosa Mae Henderson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dr Med Valley Date Aug 6 1934

19. UNDERTAKER

(Address)

20. FILED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19th, 1934 to July 19th, 1934

I last saw h... alive on July 19th, 1934 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	7-19-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Spence Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ F 03777

03777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital St., Mat. Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? 22 yrs. mos. da.

2. FULL NAME Baby Boy Brinkley

(a) Residence: No. 837 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

DATE OF BIRTH (month, day, year) August 3, 1934

AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. & 10 min.
	—		→	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Brinkley

14. BIRTHPLACE (city or town) (State or country) Centerhill N. C.

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Brinkley

(Address) 837 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Aug 6 1934

19. UNDERTAKER

(Address)

1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1934 to Aug. 3, 1934

I last saw him alive on August 3, 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Maternal eclampsia	Aug 3 1934
Toxemia	
Maternal Lues	

Other contributory causes of importance:

Prematurity 32 wks

Name of operation None Date of

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Davage M. D.

(Address) Univ. Hosp.

D. B. 1268-9

F 03778

HEALTH DEPARTMENT—CITY OF BALTIMORE

03778

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 25-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Salvatore Difatta

(a) Residence: No. 2609 Gobs Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary Maranto

6. DATE OF BIRTH (month, day, year) Nov. 3, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	1 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056

10. Date deceased last worked at this occupation (month and year) 2 Yr. | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Italy Italy

13. NAME Chas. Difatta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Cubotta - Rosa.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Jno. Maranto

(Address) 411 S. Broadway St.

18. BURIAL, CREMATION, OR REMOVAL

Place CATHEDRAL Date 8/7/34. 19

19. UNDERTAKER JOHN H. ENNY SONS INC

(Address) 221 S. Gay St. BALTO. MD.

Filed 1934 Aug. 7, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-28-34, 19 to 8-4-34, 19

I last saw h. alive on August 4, 1934. Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Cholecystitis	
Cholelithiasis	
Pneumonia Bronchial	

Other contributory causes of importance:

Name of operation Cholecystotomy Date of 7-28-34

What test confirmed diagnosis? Operation. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil C. Hohenwarter, M. D.

(Address) University Hospital

D. P. 1268-9

✓ F 03779

03779 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

Registered No. 22-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2575 Edmondson Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs.? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina M. Cronhardt.

(a) Residence: No. 2575 Edmondson Ave. Ward. New Lindy

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Cronhardt

6. DATE OF BIRTH (month, day, year) Feb. 4th 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark N. J.

13. NAME Friedrich Wurst

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Minnie Seigert.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Miss Minnie Cronhardt

(Address) 2575 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL Place London Park Date 8/7/34 19

UNDERTAKER Mrs Chas. A. G. Rohde.

(Address) 2327 Edmondson Ave.

Date of Filing [illegible] Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1930 to Aug 4 1934

I last saw her alive on Aug 4 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	abt 1926
chronic rheumatic arthritis	1930
asteud hypertension	1930
Other contributory causes of importance:	
cerebral hemmorrhage	7/25/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A Kemp M. D.

(Address) 3030 Edmondson Ave

D. B. 1268-9

F 03780

3780
8852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 1-81

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Beacham

(a) Residence: No. 604 S Curley St., Ward.

(Usual place of abode) 30 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lorenzo Beacham

DATE OF BIRTH (month, day, year) 5-3-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ind

13. NAME Benj Creamer

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Josephine McAbee

16. BIRTHPLACE (city or town) (State or country) Ind

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 7th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19..... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1934 to Aug 5, 1934

I last saw her alive on Aug 5, 1934. Death is said to have occurred on the date stated above, at 4:22 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Polycystic Kidneys	
Other contributory causes of importance:	
Uremia	? 1 week
Acidosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Luck, M. D.

(Address) Jo. Ho. Hosp.

D. P. 1268-2

F 03781

03781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 9 or 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Lang

(a) Residence: No. 1913 E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 4, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles Lang

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Monumental Date Aug 8 1934

19. UNDERTAKER John C. Miller

(Address) 2435 E. Chase St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1934 to August 5, 1934

I last saw her alive on August 5, 1934 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage =	
Hemiplegia, rt.	7 days
	?
Other contributory causes of importance:	
Hypertension (?)	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Magnel M. D.

(Address) Balt. City Hosp

H. D. R. 1268-9

F 03782

3782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-001

Registered No. 18-01

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 860 W. Baltimore St., Ward)

Length of residence in city or town where death occurred yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Judson F. Bosworth

(a) Residence: No. 860 W. Baltimore St., Ward. Chas. 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise H. Bosworth

DATE OF BIRTH (month, day, year) May 7th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Charles Bosworth

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Libby Barlow

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs Louise H Bosworth

(Address) 860 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Oncaa Md. Date Aug 7th. 1934

19. UNDERTAKER John F. Conway & Son

(Address) 911 Eutaw Place

Aug 7th 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15th 1934 to Aug. 5th 1934

I last saw h[illegible] alive on Aug 5th 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1 mo.

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 888 Fremont Ave

D. B. 1268-9

F 03783

HEALTH DEPARTMENT—CITY OF BALTIMORE

03783

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Ward) 45

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Smith 3-01

(a) Residence: No. 4195 Bond St. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 16, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Dilletuns

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Loudon Park National Cemetery Date Aug 8 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ... 19... ... Registrar.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1934

22. I HEREBY CERTIFY, That I attended deceased (from May 2 1934 to Aug 3 1934

I last saw him alive on Aug 2 1934 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyrosis - Mandible Epithelioma Metastasis	May 1934

Other contributory causes of importance:

Broncho pneumonia	Aug 1934

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H. Garst M. D.

(Address) Baltimore City Hospitals

D. B 1268-9

E 03784

HEALTH DEPARTMENT—CITY OF BALTIMORE

03784

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME John A Urban

(a) Residence: No. 2245 E Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Margaret Urban

6. DATE OF BIRTH (month, day, year) Feb 14 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	20	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind Drydock

9. Date deceased last worked at this occupation (month and year) July 1934 | 11. Total time (years) spent in this occupation 8

10. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Adam Urban

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Margaret Urban
(Address) 2245 E Fayette St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 8 1934

UNDERTAKER Arm Cook
(Address) 1217 St Paul St

FILED Aug 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19...

I last saw h alive on August 3, 19... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage (Probably due to a fall, but unable to ascertain)	Aug 4 1934
Other contributory causes of importance: Acute Alcoholism	

Name of operation Date of

What test confirmed diagnosis Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 4, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph L. Johnston M.D. Coroner

(Address) 16 Pond (Brewerstown)

1934

D. P. 1268-9

F 03785

HEALTH DEPARTMENT—CITY OF BALTIMORE

3785

CERTIFICATE OF DEATH

X 44-003

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward) 9-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Neil

(a) Residence: No. Gen. Del., Sykes Creek, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of child

DATE OF BIRTH (month, day, year) Oct. 30, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Gen. Creek, Md.

12. NAME Mary Neil

14. BIRTHPLACE (city or town) (State or country) Alma

15. MAIDEN NAME Caroline Neil

16. BIRTHPLACE (city or town) (State or country) Sykes Creek, Md.

INFORMANT G. C. Young, Dad

(Address) Gen. Creek, Md

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 7th, 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) August 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1934, to August 5, 1934.

I last saw her alive on August 5, 1934. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Sick Colitis for Several Days — Date of onset 8/1/34

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) 1211 Cathedral St

D. H. 1268-B

F 03786

3786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-01 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lloyd Alfred MacNaughton

(a) Residence: No. 1815 Doran St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	14	13

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME James MacNaughton

13. BIRTHPLACE (city or town) (State or country) Westtown Mass.

14. MAIDEN NAME Dorthy Paterson

15. BIRTHPLACE (city or town) (State or country) New Brunswick Canada

16. INFORMANT James MacNaughton

(Address) 1815 Doran Street.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Aug 7 1934

UNDERTAKER Jos. H. Cook & Bro. Sons

(Address) 1003 E. Baltimore St.

Huntington Williams Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1934 to August 5, 1934

I last saw h[illegible] alive on August 5, 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Diarrhea (malignant) — Date of onset Aug 4, 1934

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Langeluttig M. D.

(Address) Attdg. Hosp.

F 63787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

787 (St Joseph's Hospital) 119

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital Ward)

(Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

FULL NAME Patsy Johann Merchant

(a) Residence: No. 1465 E. Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) January 19-34

AGE Years | Months 6 | Days 19 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME OF FATHER Henry C. Merchant

14. BIRTHPLACE (city or town) Iowa (State or country)

15. MAIDEN NAME OF MOTHER Hazel Anderson

16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT Henry C. Merchant (Address) 1465 E. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date 8/7/34, 19

19. UNDERTAKER Geo L Beyer Sr (Address) 1512 Orleans St

Filed 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ulc. Colitis	
August 5-34	

Other contributory causes of importance:

None

Name of operation Appendix Date of August 6-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Holmes M. D. Coroner

(Address) 1650 Riggs Ave

D. P. 1204 H 03788 Sauls

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 F 03788

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward) 9-01

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Sauls

(a) Residence: No. 1535 E 29th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 11, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brickmason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Laurence Sauls

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Dora Godley

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT John O'Connor

(Address) Gay & Frederick Sts

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 7th, 1934

UNDERTAKER Leo G. Cook

(Address) 1723 N. Patt Park ave

FILED ... 19... (Registrar) ... Registrar

Huntington Williams, M.D.

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934 to Aug 5, 1934 that I saw him alive on Aug 5, 1934 Death is said to have occurred on the date stated above, at 8:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, bilateral with Cavitation in left upper lobe	?
Other contributory causes of importance Embolism, pulmonary	8/5/34

Name of operation Thoracoplasty Date of 8/1/34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Gay M. D.

(Address) Baltimore City Hospitals

D. P. 1206 F 0378 ✓ F 03789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 514 N Fayette St., Ward) 4-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M Layman

(a) Residence: No. 514 N Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan B Layman

DATE OF BIRTH (month, day, year) June 19 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 037

BIRTHPLACE (city or town) (State or country) Callaghans Va

13. NAME Thomas Thompson

14. BIRTHPLACE (city or town) (State or country) Callaghans Va

15. MAIDEN NAME Mary E Thompson

16. BIRTHPLACE (city or town) (State or country) Callaghans Va

INFORMANT Nathan B Layman

(Address) 514 N Fayette St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 8/7 1934

UNDERTAKER J M Cobb & Co

(Address) 1214 E Cold St

FILED 8-7-1934 Hector Williams, HR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/23 1934 to 8/5 1934

I last saw h alive on 8/4 1934 Death is said to have occurred on the date stated above, at 8:07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1/3/34
	WW

Other contributory causes of importance:

Cerebral Embolism

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury X 19—

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of Injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H Lutgens M. D.

(Address) 1340 Edmonds

F 03790 ✓ F 03790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 123

PLACE OF DEATH Union Memorial Hospital Registered No. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ...

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward M. C. Tower. (Tower)

(a) Residence: No. 3341 Charles St. St. Ward. New York N.Y.

(Usual place of abode) Black Stone Apts Charles St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edward Tower.

DATE OF BIRTH (month, day, year) Aug 9, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yarn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yarn

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York City

13. NAME Oscar Tower.

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Georgina Deutsch

16. BIRTHPLACE (city or town) (State or country) Yukon.

INFORMANT (Address) Wife - Mrs Edward Tower 3341 Charles St - Balto. Md.

BURIAL, CREMATION, REMOVAL Interment

Place Brooklyn N.Y. Date Aug 8. 1934

UNDERTAKER John C. Hatchett & Sons

(Address) 1900 Eutaw Place

FILED ..... 19..... Registrar

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/5 . 1934 to 8/6 . 1934

I last saw him alive on Aug. 6 . 1934. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

~~Peritonitis~~

Perforation of intestine by coal shell followed by generalized peritonitis.

Other contributory causes of importance:

Date of onset

Name of operation Appendectomy, removal of gun pellet from abdomen Date of 5-5-34

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard I. Shuttleworth M. D.

(Address) 15 E. Eager St.

D. H. 1268-8

F 03791

F 03791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 W Saratoga St., Ward) 4-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

FULL NAME George Glover

(a) Residence: No. 713 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Geo. Glover

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ida Stotchell

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Ida Glover

(Address) 713 W. Saratoga St

BURIAL, CREMATION OR REMOVAL

Place National Date Aug 7 1934

UNDERTAKER Jesse W. Reddick

(Address) 1736 W. Baltimore St.

FILED 7-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Eugene Gilbert, M. D. Coroner

(Address) 713 Eastern Ave

F 03792

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03792

CERTIFICATE OF DEATH

46

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4136 Falls Road St., ... Ward) 13-01

Length of residence in city or town where death occurred ..... yrs. 46 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mathis C. Tase

(a) Residence: No. 4136 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Tase

6. DATE OF BIRTH (month, day, year) Sept. 28-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (2)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

13. NAME OF FATHER John W. Towsley

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

15. MAIDEN NAME OF MOTHER Catherine Stansbury

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT John W. Tase

(Address) 4136 Falls Road

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hartsdale Date Aug 8 1934

19. UNDERTAKER R. S. Marshall

(Address) 4139 Falls Road

20. FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1933 to Aug 5, 1934

I last saw her alive on Aug 5 1934 death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinomatosis	1932

Other contributory causes of importance: (none)

Name of operation Laparotomy Date of March 1933

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Gilen M. D.

(Address) 900 E. 37th St.

B. B. No. F 03793

F 03793

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 181

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., Ward) 4-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Leona Kean

(a) Residence: No. 738 N Lexington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Frank Kean

DATE OF BIRTH (month, day, year) 1900, Oct 11

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Louisville Kentucky

13. NAME Luther

14. BIRTHPLACE (city or town) (State or country) Tenn

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Tenn

INFORMANT Frank Kean

(Address) 738 N Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Louisville Ky Date 8 7 1934

UNDERTAKER Harry L. Miller & Sons

(Address) 1300 E Baltimore St

FILED 8 7 1934 Austin Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1934 to 8-4 1934

I last saw her alive on 8-4 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Severe 2nd and 3rd degree burns of neck, body and extremities — Date of onset 8-4-34

Other contributory causes of importance: Dehydration, acidosis, respiratory failure

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 8-4 1934

Where did injury occur? at 738 N Lexington St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of Injury while heating ironing iron had epileptic attack, fell over ironing board

Nature of Injury 2nd & 3rd degree burns body, arms

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrason L Brown M.D.

(Address) University Hospital

D. B. F. 03794 ✓ F 03794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N. Broadway Ward) 8-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 9 mos. 23 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Leroy Davidson

(a) Residence: No. 1411 N. Broadway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Leroy Davidson

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Freida E. Dismey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Fredia E. Davidson

(Address) 1411 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 9, 1934

19. UNDERTAKER Jos Joerdens & Son

(Address) 1217 E. Pacca

20. FILED Aug 7 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to Aug. 6, 1934

I last saw h.. alive on Aug. 6, 1934 Death is said to have occurred on the date stated above, at 100 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leucaemia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Blood Smear Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton J. Crossfield, M. D.

(Address) 1404 Eutaw Place

D. P. [illegible] F 03795

F 03795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5107 Eugene Ave Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. 1 mos. ds.

2. FULL NAME Laura V. Kenney.

(a) Residence: No. 5107 Eugene Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of David A Kenney

6. DATE OF BIRTH (month, day, year) May 29 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Theodore Addison.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME OF MOTHER Not known

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs John H Roberts.

(Address) 5107 Eugene Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 8/8 34

19. UNDERTAKER Bernard C Harker

(Address) 1002 E Lacy St

20. FILED Aug 8 1934 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934 to Aug 5th 1934

I last saw her alive on Aug 4 1934 Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 25 34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D S Handley M. D.

(Address) 4810 Belair Rd.

D. B. 126

F 03796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03796

82-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marshall E Hagan

(a) Residence: No. 1015 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Annetta

DATE OF BIRTH (month, day, year) March 18 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME John E Hagan

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME Mary Bruning

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

INFORMANT Records

(Address) East City Hosp

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemetery Frederick Md Date 8/8 1934

UNDERTAKER John Conan & Son

(Address) 1st Baltimore St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16 1934 to August 5 1934

I last saw him alive on August 5 1934 Death is said to have occurred on the date stated above, at 10 50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Bilateral hemiplegia	
Arteriosclerosis & old cerebral hemorrhage	3 yrs
Myocardial insufficiency	2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Pharaoh M. D.

(Address) East City Hosp

D. P. 1268

F 03797

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03797

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward) 26-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marie Dupszczynski

(a) Residence: No. 1104 S Highland Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Albert Dupszczynski

DATE OF BIRTH (month, day, year) May 8, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME William Mikulski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital records
(Address) Mercy

BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date 8/8 34

UNDERTAKER John J Linda
(Address) 25 W Hudson St

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-26-34 to 8-5-34

I last saw her alive on 8-4-34 Death is said to have occurred on the date stated above, at 2:20 Am.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis & cholecystitis ?

Pneumonia (Bronchial) 8-3-34

Date of onset

Other contributory causes of importance:

Name of operation Cholecystotomy Date of 7-31-34

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Buttenwieser, M. D.

(Address) Mercy Hospital

✓ B F 03798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No. 27-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George P. Heiberger

(a) Residence: No. 4517 Winslow Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J Cox

DATE OF BIRTH (month, day, year) Feb. 25, 1897

AGE Years	Months	Days	If LESS than 1 day hrs. min.
37	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna.

13. NAME Edwin Heiberger

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Polly George

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Mary J. Heiberger
(Address) 4517 Winslow Road

BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date Aug. 8, 1934

UNDERTAKER [illegible]
(Address) [illegible]
FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19 Death is said
I last saw h alive on [illegible] 19 to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe Cerebral Burns Shock	

Other contributory causes of importance:
Automobile Accident

Name of operation None Date of
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug. 4, 1934
Where did injury occur? Harford Rd. nr Belair Rd (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto he was driving
Nature of injury Burns & concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2209 E. Monument St.

F 03799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 9-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1427 E. Federal Street St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Schreiber

(a) Residence: No. 1427 E. Federal Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Schmidt

DATE OF BIRTH (month, day, year) Jan. 29, 1862.

AGE Years	Months	Days	If LESS than 1 day Hrs. or Min.
72	6	7 6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Phillip Schreiber

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT George J. Schreiber (Son)
(Address) 1427 E. Federal Street

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Aug. 9, 1934

UNDERTAKER [illegible]
(Address) [illegible]

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31 — 1934, to Aug 5 — 1934
I last saw him alive on Aug 5 1934 Death is said to have occurred on the date stated above, at 3-50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Myocarditis	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) E. Gill Hall M. D.
(Address) 1631 E. North Ave.

I-15 Huntington Mutual, N.Y.

800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03800

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Kildaire Rd St.) (Ward) 27-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Jacobson

(a) Residence: No. 2808 Kildaire Rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Jacobson

DATE OF BIRTH (month, day, year) Mar. 29-1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME of Father Jacobson
14. BIRTHPLACE (city or town) (State or country) Denmark
15. MAIDEN NAME of Mother Catherine Mullins
16. BIRTHPLACE (city or town) (State or country) Not known
17. INFORMANT Barbara Jacobson
(Address) 2808 Kildaire Rd.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Aug. 7 1934
19. UNDERTAKER Mrs. E. Mullin & Son
(Address) 2334 Jefferson St.
Huntington Williams, M.D.
Registrar

AUG 7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19 1931 to Aug 4 1934
I last saw h[illegible] alive on Aug 4 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Interstitial nephritis — Date of onset

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Long M. D.
(Address) 418 Fourth Way Balto Md

D. B. 1268-9

03801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03801

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2640 Lauretta Ave (Ward) 20-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Y. Berry

(a) Residence: No. 2640 Lauretta Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of J. W. Berry

6. DATE OF BIRTH (month, day, and year): Aug 14 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not any

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Boswell

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Mahoney

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Frank Berry

(Address): Lauretta Ave

BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Aug 8, 1934

UNDERTAKER: Sylvester Co.

(Address): 200 E Baltimore St

AUG 7 - 1934 19 Huntington Williams, N.P.

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to Aug 6th 1934

I last saw h[illegible] alive on Aug 5th 1934 Death is said to have occurred on the date stated above, at 4:2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1931
Other contributory causes of importance: Arteriosclerosis	?

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Maslyn M. D.

(Address) Luzon Md

D. B. 1268-9

F 03802

03802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 504 S. Glover St Ward) 1-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine J. Rosenthal

(a) Residence: No. 504 S. Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Rosenthal

DATE OF BIRTH (month, day, year) Nov 13, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John S. Mulligan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Tracy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Vera E. Mulligan 503 S. Washington St.

BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Aug 8, 1934

UNDERTAKER (Address) John A. Morgan 3000 E. Balto St

Aug 7 - 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934 to Aug 5, 1934

I last saw her alive on Aug 5, 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis. — Date of onset 6/, 20, 34

Other contributory causes of importance:

None

Name of operation None. Date of

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Norton, M. D.

(Address) 228 Franklin St.

F 03803

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03803

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Good Shepherd Gen. Hospital

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Co ~~Hospital~~ St., ____ Ward)

Length of residence in city or town where death occurred ~~4 yrs.~~ mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

11-01

2. FULL NAME Annie Glasgow

(a) Residence: No. 253 Hoffman St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A. A.	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of unk

DATE OF BIRTH (month, day, year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
80				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Ruben Woodward

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs. Lillie Kyle

(Address) 253 Hoffman st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 8/7/34

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED ____ 19__ ____ Registrar.

AUG 7-

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/34

22. I HEREBY CERTIFY, That I attended deceased from 8/2/34 to 8/6/34

I last saw her alive on 8/6/34. Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cardiac Decompensation	unk
Chr. Valvulitis	

Other contributory causes of importance:

Chr. Nephritis	
advanced Arteriosclerosis	unk

Name of operation none Date of ____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker st

03804

HEALTH DEPARTMENT—CITY OF BALTIMORE

03804

CERTIFICATE OF DEATH

92-001

Registered No. 11-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 McCulloh St., Ward)

Length of residence in city (or town) where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lillie White

(a) Residence: No. 915 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred White

DATE OF BIRTH (month, day, year) May 5 1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	5	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

9. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME OF FATHER Alfred Hill.

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME OF MOTHER Mary Frye.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. NAME AND ADDRESS OF INFORMANT Mable Truesdale 142 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date August 8 1934

19. UNDERTAKER (Address) Jos. Collins & Walter Reid 915 E. Baltimore St.

20. FILED 8-1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration	Interval between onset and death
Mitral Stenosis		
Sudden		

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Feldmann M. D.
Coroner

(Address) .....

F 03805

F 03805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Haubert St. St., Ward)

Length of residence in city or town where death occurred 42 yrs. ---- mos. ---- ds. How long in U. S. if of foreign birth 42 yrs. ---- mos. ---- ds.

FULL NAME Rudolph Loeber

(a) Residence: No. 1133 Haubert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced, HUSBAND of (or WIFE of) Mary Loeber.

7. DATE OF BIRTH (month, day, year) August 19, 1869

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tally clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Export S/S Co. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME OF MOTHER Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Anna O'Neill. (daughter)

(Address) 1133 Haubert St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date 8/7/34

19. UNDERTAKER Chas L Stevens & Son

(Address) 1541 E Fayette

20. FILED 1934 By ..... Registrar. 8/4/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto McKinnard M. D.

Address 1017 E. Charles St. Coroner

D. B. 1268-5

F 03806

F 03806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 W Mulberry St. Ward) 13-A (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Johns,

(a) Residence: No. 424 W Mulberry St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 8/2/34

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bal Md

13. NAME Moses Moulton

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Maggie Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Johns

(Address) 424 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Aug 7 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

AUG 7 - 1934

[illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6/34 19

22. I HEREBY CERTIFY, That I attended deceased from 8/2/34 19 to 8/6/34 19

I last saw her alive on 8/5/34 19 Death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Both L Lungs	
2 Months	
Jaundice	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed Diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellis M. D.

(Address) 424 W Mulberry St

M. D. B. 1268-9

✓ F 03807

HEALTH DEPARTMENT—CITY OF BALTIMORE

3807

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 E Oliver St., 8-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. [redacted] Schmedes

(a) Residence: No. 1622 E. Oliver St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Schmedes

6. DATE OF BIRTH (month, day, year) Aug 23-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	13	6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adam Frink

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Peters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adam Schmedes

(Address) 1712 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 9th 1934

19. UNDERTAKER Geo M. Frink & Son

(Address) 811 N Wolfe St

20. FILED ... 19... ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/1/34 19... to 8/6/34 19...

I last saw her alive on 8/5/34 19... P. Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Uterus)	3/1/34
Other contributory causes of importance:	
Primary Carcinoma Operated about 2 Yrs ago	

Name of operation ... Date of ... No

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H W Budders M. D.

(Address) 321 E 25th

Co. 5-11 250B

✓ F 03808 54 60

3808

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 746 Carroll St., (Ward) 21-07

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Brewster Easteday

(a) Residence: No. 746 Carroll St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Manuel

6. DATE OF BIRTH (month, day, year): Jan 16, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 015
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Washington Co
13. NAME: Emanuel Easteday
14. BIRTHPLACE (city or town) (State or country): Washington Co
15. MAIDEN NAME: Nannie
16. BIRTHPLACE (city or town) (State or country): Washington Co
17. INFORMANT: Gladys Easteday
(Address): 746 Carroll St
18. BURIAL, CREMATION, OR REMOVAL: [illegible]
Place: [illegible] Date: 8/9, 1934
19. UNDERTAKER: Edmund Walter
(Address): 634 Washington Blvd

FILED ... 19... Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/7 1934 to 8/7, 1934
I last saw him alive on 8/7, 1934 death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	2 days
(Acute Cardiac Failure)	8/4/34
Other contributory causes of importance:	
Chronic Cardio-Vascular Renal Disease	6 mos

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Joseph A. Faulkner, M. D.
(Address) 679 Washington Blvd

D. P. 1768-9

F 03809

03809 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves. Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Amorky

(a) Residence: No. 1 Levindale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hattie Amorky

DATE OF BIRTH (month, day, year) 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Same

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT SUPERINTENDENT

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Wilson Date 8-7-34 19

19. UNDERTAKER Jacob Heyne Inc

(Address) 1432 E. Baltimore St.

20. FILED 8-7 19 34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1933 to 8-7 1934.

I last saw h[illegible] alive on 8-6 1934. Death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease	
Mitral insufficiency	
Chr. nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Artificial left eye.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin M. D.

(Address) Levindale

-1934

D. B. 1268-9

F 03810

HEALTH DEPARTMENT—CITY OF BALTIMORE

03810

CERTIFICATE OF DEATH

93-003

Registered No. 5201

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth 24 yrs. mos. ds.

2. FULL NAME Jennie Glass

(a) Residence: No. 39 N. Front St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sam

DATE OF BIRTH (month, day, year) 1-20

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Maria Steinberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mindel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 8-7-34 1934

19. UNDERTAKER Levi Davis Inc (Address) 1329 E. Baltimore St

20. [illegible] 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1934, to August 7, 1934. I last saw h.C.Y. alive on August 30, 1934 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Arteriosclerosis
Chronic myocarditis
Cardiac hypertrophy + dilatation
Hypertension
Cardiac failure

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No; If so, specify

(Signed) Paul William Swan M. D.

(Address) Sinai Hospital

F 03811

HEALTH DEPARTMENT—CITY OF BALTIMORE

3811

CERTIFICATE OF DEATH

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (Ward) 17

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joanne Parish 5-01

(a) Residence: No. 413 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo H. Parish

6. DATE OF BIRTH (month, day, year) Nov 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Va

13. NAME Jim Robinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME mother

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Geo H. Robinson

(Address) 413 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 8 1934

19. UNDERTAKER Mrs Thos G. Bailey

(Address) 14 at Jefferson st

20. FILED Aug 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on August 7 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Link Coroner, M. D.

(Address) Coroner

D. P. 1268-0

✓ F 03812

03812 50

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 8-01

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Alford

(a) Residence: No. 1839 N Chapel St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6-7-20

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Alford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hallie Cornthwait

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fort M. E. Date Aug 8 . 1934

19. UNDERTAKER Rita Mudd Reed (Address) 914 Brunswick Ave

20. [illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28 . 1934 to Aug 6 . 1934

I last saw her alive on Aug 6 . 1934 Death is said to have occurred on the date stated above, at 1145 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Endocarditis Mitral Stenosis & Insufficiency, Subacute Bacterial Endocarditis due to Strept. viridans	5 yrs ? ago; Spring ? 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Carmichael Gilchrist . M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 03813

3813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Norfolk Avenue St., Ward) 16-01 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Frederick

(a) Residence: No. 2909 Norfolk Avenue St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Eberly

DATE OF BIRTH (month, day, year): Oct. 20, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: J.P. Pfeiffer & Son

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Charles L. Frederick

14. BIRTHPLACE (city or town) (State or country): ------- Germany

15. MAIDEN NAME: Henrietta A. Naas

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: Mrs. Gertrude E. Frederick

(Address): 2909 Norfolk Avenue

BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cemetery Date: 8/8 1934

UNDERTAKER: Henry Ph. Meyer & Son

(Address): 703 N. Eutaw St.

FILED: Aug 8 1934 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1934, to Aug 6, 1934.

I last saw him alive on Aug 6, 1934. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/6/34

Other contributory causes of importance: Cerebral Arterio Sclerosis — Gradual

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. D. Gilchrist, M. D.

(Address) 1402 Park Ave

1934

D. F. 1263-9

F 03814

HEALTH DEPARTMENT—CITY OF BALTIMORE

03814

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1445 Homestead St., Ward) 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Zerweck

(a) Residence: No. 1445 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: WIFE of (or) HUSBAND of: Robert Zerweck

DATE OF BIRTH (month, day, year): Jan 22. 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Wash. D. C.

12. NAME Mrs. Whiteford

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME Catherine O'Donnel

16. BIRTHPLACE (city or town) (State or country): Wash, D. C.

INFORMANT: Robert Zerweck

(Address) 1445 Homestead St

BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Aug 8. 1934

UNDERTAKER: Mr. & Mrs. John W. Deufel & Son

(Address) 801 W. Fayette St.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5. 1934

22. I HEREBY CERTIFY, That I Attended deceased from Jan 10 1934 to Aug 5 1934

I last saw h alive on Aug 3 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indefinite
Other contributory causes of importance: Chronic Interstitial Nephritis	Indefinite

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. E. Richardson M. D.

(Address) 1132 N. 25th St

B.H. 1268-4 F 03815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03815

53

1. PLACE OF DEATH St Agnes Hospital Registered No. 12-01
CITY OF BALTIMORE: (No. Wilkens + Caton Aves. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. E. Miller

(a) Residence: No. 3017 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Sue Miller

DATE OF BIRTH (month, day, year) Jan 14th 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof. of Greek
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Johns Hopkins Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Richmond Va
13. NAME Chas. W. Miller
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Klatte
16. BIRTHPLACE (city or town) (State or country) Germany
INFORMANT Sue F. Miller
(Address) 3017 St Paul St
BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 10th 1934
UNDERTAKER Wm Cook
(Address) 1217 St Paul St.
Harrington Williams, N.D.

G8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7 1934
22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to Aug 7 1934
I last saw him alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 2.23 p.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma
Thrombia
Sympathosarcomatosis
Generalized
Metastasis

Date of onset
Feb 1934

Other contributory causes of importance:
Cachexia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Karl J. Steinmueller M. D.
(Address) 1212 St. Paul St.

Spec.—12-9-25—A Co.—200 Bks.

F 03816

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03816 16

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2706 Whitney Av. Ward 27)

2-FULL NAME James Haddaway Mills

(a) RESIDENCE NO. 2706 Whitney Av. Ward 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~. Married. ~~Widowed or Divorced~~. (write the word): Married

6a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~: Mary E. Mills

6 DATE OF BIRTH (month, day, and year): About 1865

7 AGE: About 69 Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer): Ortarick Iron Works

(c) Name of employer

9 BIRTHPLACE (city or town): Cambridge

(State or country): Md

PARENTS

10 NAME OF FATHER: James Haddaway

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Cambridge Md

12 MAIDEN NAME OF MOTHER: Mayfield Hubbard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Cambridge Md

14 Informant: Mary E. Mills

(Address): 2706 Whitney Ave

AUG 8 - 1934

Filed ... Registrar ... Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1934: August 7

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to Aug 7, 1934, that I last saw him alive on Aug 7, 1934, and that death occurred, on the date stated above, at 505A m

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Angina Pectoris 6 hours

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) J. K. Wantz M. D.

8/7 1934 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: Aug 9 1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

F 03817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. Lombard & Greene Sts. Ward) 22-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward D. Conklin

(a) Residence: No. 310 Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (~~or WIFE~~) Anna Conklin

DATE OF BIRTH (month, day, year) Oct 1st 1879

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ... min.
54	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brattle & Hayward
10. Date deceased last worked at this occupation (month and year) Aug 1934
11. Total time (years) spent in this occupation 27

BIRTHPLACE (city or town) (State or country) Auburn New York

13. NAME Calvin W. Conklin
14. BIRTHPLACE (city or town) (State or country) Vermont
15. MAIDEN NAME Calista T. McDugall
16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Anna S. Conklin
(Address) 310 Penn St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 9th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

L. G. 8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1934, to 8-6, 1934
I last saw h[illegible] alive on 8-6, 1934. Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	8-1-34
Other contributory causes of importance:	
Appendiceal abscess Peritonitis	

Name of operation Appendectomy Date of 8-6-34
What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Laurence [illegible] M. D.
(Address) University Hospital

D. B. 1268-9

F 03818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Federal + Durham St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry R. Basham

(a) Residence: No. 1804 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate L. Basham

DATE OF BIRTH (month, day, year) About 1856

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
About	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sail Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newport News Ship Yards

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Bermuda

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Harry R. Basham

(Address) #312 Wellshire Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 8th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DATE OF FILING AUG 8 - 1934 Huntington Williams M.D.
(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on August 1934 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral hemorrhage	Aug 6 1934
b	
c	
d	

Other contributory causes of importance:

Arterio sclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Volpendesta M. D. Coroner

(Address) N. Front Broadway

D. P. 1268-9

V M F 03819

03819 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert W. Beck 13-01

(a) Residence: No. 821 Union Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emily Beck

DATE OF BIRTH (month, day, year) Jan 16th 1909

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	6	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Underwriter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Casualty Co 086

8. Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation 10

9. BIRTHPLACE (city or town) (State or country) Sheboygan Wis

13. NAME Frank J. Beck

14. BIRTHPLACE (city or town) (State or country) Manominee Wis

15. MAIDEN NAME Ida Fistler

16. BIRTHPLACE (city or town) (State or country) Sheboygan Wis

INFORMANT Frank J. Beck

(Address) 36 Lingamore Ave

BURIAL, CREMATION, OR REMOVAL

Place Mosteland Park Date Aug 9th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Aug 8 1934 Clinton Hilbrecht, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Augy ... 19... to ... 19...

I last saw h... alive on Augy 7 19... Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation Nil Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/7 1934

Where did injury occur? Harford Rd & White Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury collided with a safety pole

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny, M. D.
Coroner

(Address) 2200 E Monument St

F 03820

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03820

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 868 W Fairmount Ave. (Ward) 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Johnson

(a) RESIDENCE NO. 868 W. Fairmount Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Johnson

DATE OF BIRTH (month, day, and year) March 1878

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
56	5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

Informant (Address) Mary Johnson 868 W. Fairmount Ave

8-8-1934 Attending Physician or Other Person Signing

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-5-1934

17 I HEREBY CERTIFY, That I attended deceased from 7-7-, 1934, to 8-5-, 1934, that I last saw h[illegible] alive on 8-3, 1934, and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Chronic Tubular Heart disease

Terminal Broncho pneumonia

(duration) yrs. 3 mos - ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. F. Jackson M. D.

8 p. 1934 (Address) 601 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Aug 8, 1934

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N. Schroeder St.

D. H. 126(8) 03821 ✓ F 03821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St., Ward) 18-01

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Carter

(a) Residence: No. 214 - N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

If married, widowed, or divorced (or) WIFE of Burney Carter

DATE OF BIRTH (month, day, year) 1899

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
35	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning & Dyeing

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Burney Carter

(Address) 214 - N. Poppleton St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 8, 1934

UNDERTAKER Mrs Katie L. Williams

(Address) 522 N. Schroeder St.

FILED Aug 8 1934 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8.4.34. 19

22. I HEREBY CERTIFY, That I attended deceased from 7.14.34. 19.. to 8.4.34. 19..

I last saw her alive on 8.4.34. 19.. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Secondary Anemia
Fibroma Uterus

over

Name of operation Hysterectomy Date of 8.3.34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Harris M. D.

(Address) Provident Hospital

M. D. F. 1268-9

03822

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03822

105

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Iron Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ronald Elles

(a) Residence: No. 1428 Barnes St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 14-1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Me

13. NAME Charles G. Elles

14. BIRTHPLACE (city or town) (State or country) Bath City

15. MAIDEN NAME Cora Fallon

16. BIRTHPLACE (city or town) (State or country) Bath City

17. INFORMANT Cora Elles (Mother)

(Address) 1428 Barnes St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Aug 8 1934

19. UNDERTAKER Robert W. Wideman

(Address) 15-13 McElderry St

AUG 8 - 1934

19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25th 1934 to Aug 6th 1934

I last saw him alive on Aug 6th 1934. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Laryngitis	7/25/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dowell E. Bozarth M. D.

(Address) Lyden Iron Hospital

D. B 1268-9

✓ F 03823

F 03823 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2343 Mc Elderry St., Ward) Jan 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Bittel

(a) Residence: No. 2343 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Bittel

6. DATE OF BIRTH (month, day, year) April 13 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME of Father John Bittel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Mary Schucker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Esther Brison

(Address) 2343 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 8 1934

19. UNDERTAKER Christian Miller & Son

(Address) 1 East Lexington St

FILED Aug 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on January 19... Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	about 2 years
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Injury Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. L. Voltz M. D. Coroner

(Address) 16 Lovell Broadway

F 03824

F 03824

H. D. B. 1268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2711 Ivoly Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Hanna E Walsh
(a) Residence: No. 2711 Ivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmle	white	Widow

6. If married, widowed, or divorced (or) WIFE of Arthur Walsh
7. DATE OF BIRTH (month, day, year) Jan 1- 1868

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Simon McGee
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Gertrude Coaste
(Address) 2711 Ivoly Ave
18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Aug 9-34
19. UNDERTAKER Tilly & Zickefoose
(Address) 405 N Howard St.
20. FILED Aug 9 1934 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 6 1934
22. I HEREBY CERTIFY, That I attended deceased from April 30 1934 to Aug 6 1934. I last saw her alive on Aug 6 1934. Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1 yr
Other contributory causes of importance: Gangrene	3 days

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward L Cook M. D.
(Address) 413 N Woodward

H. D. P. 1268-9

03825 HEALTH DEPARTMENT—CITY OF BALTIMORE E 03825

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH — Registered No.
CITY OF BALTIMORE: (No.) Baltimore City Hospitals (S. or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) 13-01
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Clegg
(a) Residence: No. 2231 Madison Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced — (or) WIFE of: Robert Clegg
DATE OF BIRTH (month, day, year): Sept. 15. 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation: Life
BIRTHPLACE (city or town) (State or country): North Carolina
13. NAME: Charles Blalock
14. BIRTHPLACE (city or town) (State or country): North Carolina
15. MAIDEN NAME: Epsy Cathey
16. BIRTHPLACE (city or town) (State or country): North Carolina
INFORMANT: Hospital Records
(Address)
BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cem. Date: 8/10/1934
UNDERTAKER: Frances A. Hemsley
(Address): 578 W. Biddle St.
FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 7 1934
22. I HEREBY CERTIFY, That I attended deceased from April 17 1934 to Aug 7 1934
I last saw her alive on Aug 6 1934 Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows: (Date of onset)
Cerebral Hemorrhage Right & Hemiplegia Left Sided Synovial Sarcoma Both Knees. 15 Months ?
Other contributory causes of importance: Anemia - Ulceration Bronchio-pneumonia 5/24
Name of operation None — Date of —
What test confirmed diagnosis? — Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel N. Gayle M. D.
(Address) Balto City Hospitals

Huntington Williams, M.D.

6 8 - 1934

ACo. 5-31 250R

03826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03826

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3421 Eastern Ave St. 20-01 Ward

Length of residence in city or town where death occurred 46 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME William Koerber

(a) Residence: No. 3421 Eaton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Koerber.

7. DATE OF BIRTH (month, day, year) Jan 4, 1864

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

13. NAME Henry Koerber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sandtown K Date 8/10/34

19. UNDERTAKER H. C. Young & Son

(Address) 439 Pratt St.

AUG 8 - 1934

Huntington White
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to Aug 7, 1934

I last saw him alive on Aug 6, 1934 death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage.	1 day
Other contributory causes of importance:	
Hypertension	10 yrs
Chronic nephritis	5 yrs.

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No or specify

(Signed) H. E. Bonello, M. D.

(Address) 4713 Fred Ave.

D. B. 1268-9

F 03827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3827

186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., Ward 13-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ethel Appleton

(a) Residence: No. 14 Taylor Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced WIFE of John Appleton

DATE OF BIRTH (month, day, year) Mar 29 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Montana

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Townsend

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs A. S. Adams

(Address) Aston Md

BURIAL, CREMATION, OR REMOVAL

Place Providence R.I. Date Aug 8 1934

UNDERTAKER Chas. E. Branch

(Address) 502 Madison Ave

FILED 19 Registrar

068-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22 1934 to Aug 7 1934

I last saw h[illegible] alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
(a) Coronary Thrombosis	7-31-34
(b) Myocardial insufficiency	7-31-34
(c) Coma of Pneumonia	
(Other contributory causes of importance:	
Toxemia of Pregnancy	7-18-34
Hypostatic Bronchopneumonia	7-21-34

Name of operation ..... Date of .....

What test confirmed diagnosis? (Clinical) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? (Yes) Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp

3828 873-82

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03828

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 2-7-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Washington

(a) Residence: No. 319 Gaylon Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-13-86

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 623

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME OF FATHER Henry Washington

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Anne Peco

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion, Harford Co Date 8/9/ 1934

19. UNDERTAKER Frances A. Hemsley

(Address) 518 N. Biddle St.

20. FILED AUG 8 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to Aug 6 1934

I last saw h[illegible] alive on Aug 6 1934 Death is said to have occurred on the date stated above, at 6 18a m.

The principal cause of death and related causes of importance were as follows:

Cyst of colon, exploratory 8-5-34

Septicemia 8-6-34

Date of onset 8-5-34

Other contributory causes of importance:

Stricture of rectum, malignant

Exploratory laparotomy 8-5-34

Name of operation Exploratory laparotomy Date of 8-5-34

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place.

Manner of injury

Nature of injury

Jos. verified Jos. L. Wharton M.D. Coroner August 8-34

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Padget M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

3829

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 03829

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 631 Vincent St., 15-21 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sidney Abey

(a) Residence: No. 1631 Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mld	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)

13. NAME Jacob Abey

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Sallie Brooks

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT May Day
(Address) 1722 Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date 8/8 34

19. UNDERTAKER Thomas E. Kelson
(Address) 1903 Pressman St

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 mos

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Link M. D.
Coroner

(Address) Coroner

D. H. 126-9 F 03830

F 03830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 27-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Connolly

(a) Residence: No. #719 Alhambra St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara

7. DATE OF BIRTH (month, day, year) March 24, 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Stokes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Mass Cathedral Date July 9, 1934

19. UNDERTAKER John A. Moran

(Address) 2100 E. Baltimore St

20. FILED 8-1934 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934, to August 6, 1934

I last saw h[illegible] alive on August 6, 1934 Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	5 yrs
c congestive failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Nagel, M. D.

(Address) Balt. City Hosp.

H. D. B. 1208-9

3831

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 03831

9

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Gilmor St., Ward) 16-01

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Young

(a) Residence: No. 919 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 7-1933

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Young

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Hilda Jenifer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Hilda Young

(Address) 919 N. Gilmor St

BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 8/8/34 19

UNDERTAKER Wm George H. Keller

(Address) 1631 Druid Hill Ave

Date of Filing Aug 8 1934 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/6/34, 19.... to 8/8/34, 19.....

I last saw h.. alive on 8/7/34 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	7/24/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. D. Hartman M. D.

(Address) 912 Gilmor St

H. D. B. 1268-9

F 03832

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

03832

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mellen Davis

(a) Residence: No. 923 Madison St., 11 Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Colored Married | 5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Davis

DATE OF BIRTH (month, day, year): Feb. 14, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer O+D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Jack Davis

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Rebecca Lewis

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Aug 8, 1934

UNDERTAKER

(Address)

FILED [illegible] Registrar.

0621

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3, 1934

22. I HEREBY CERTIFY, That I attended deceased (from July 12, 1934 to Aug 3, 1934

I last saw him alive on Aug 2, 1934 Death is said to have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy & Dilatation of heart with failure of circulation	7/9/34
Other contributory causes of importance: Broncho-pneumonia	8/1/34

Name of operation: Cystoscopic Catheterism Date of 7/10/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Groton M.D.

(Address) Balto City Hospitals

Spec.—1-10-21—M&T—1500 Bks.

03833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03833

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Newington Ave. WARD) 13-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver T. Firor

(a) RESIDENCE NO. 715 Newington Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Cook

6 DATE OF BIRTH (month, day, and year): Sept 26 1859

7 AGE — Years: 74 — Months: 10 — Days: 11 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Uriah S Firor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md

12 MAIDEN NAME OF MOTHER: Leonora Grimm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Warfield M. Firor (Address): 202 E Mt Royal Terrace

15 1934 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7, 1934

17 I HEREBY CERTIFY, That I attended deceased from April, 1924, to Aug 7, 1934.

that I last saw him alive on Aug. 6, 1934.

and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic arthritis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial disease, chronic (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? No especial test.

(Signed) V B Freeman, M. D.

8-7, 1934 (Address) 1107 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ward's Chapel Balto Co Md — DATE OF BURIAL: Aug 9 1934

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Place

H. D. B. 1268-9

F 03834

HEALTH DEPARTMENT—CITY OF BALTIMORE

03834

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Md. General Hos. St., F Ward) 24-01

Length of residence in city or town where death occurred ..... yrs. 2 mos. 2 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Metzdorf

(a) Residence: No. 632 Harvey St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) June 6, 1934

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME John Thomas Metzdorf

14. BIRTHPLACE (city or town) (State or country) Queenstown Md

15. MAIDEN NAME Mary Rowdall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address) John J. Metzdorf 632 Harvey St, Balt.

18. BURIAL, CREMATION, OR REMOVAL Place M.P. Md Cemetery Date 8 8 1934

19. UNDERTAKER Harry Hoey
(Address) 1131 E. Balto St

20. FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22nd 1934 to Aug 8 1934

I last saw him alive on Aug 8 1934 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	
Bronchopneumania	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Gordon, M. D.

(Address) Md Gen Hosp

M. D. B. 1268-9

F 03835

3835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 E. Fort ave. St., 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Sloan

(a) Residence: No. 415 E. Fort ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie McCamley Sloan

6b. DATE OF BIRTH (month, day, year): Oct. 10. 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B. & O. R. R. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westernport Md.

13. NAME: George Sloan

14. BIRTHPLACE (city or town) (State or country): Wales

15. MAIDEN NAME: Annie

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT: Mrs. Annie Sloan

(Address) 415 E. Fort ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/10 19 34

19. UNDERTAKER: Margaret J. Flynn

1422 Light St.

19 34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/7 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 1 19 34 to August 7 19 34

I last saw him alive on August 7 19 34 Death is said to have occurred on the date stated above, at 6.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic aneurysm	?
over	

Other contributory causes of importance:

Cardiac Decompensation and dilatation	6 days

Name of operation Date of

What test confirmed diagnosis? clinical + lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. H. Barranco M. D.

(Address) 436 E. Fort ave

D. B. 1268-9

F 03836

HEALTH DEPARTMENT—CITY OF BALTIMORE

03836 131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Carey St., 16 Ward) 01

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Bayley Snead

(a) Residence: No. 610 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4. Color or Race: Cauc

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Snead.

DATE OF BIRTH (month, day, year): 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): Lynchburg Va

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Va

13. NAME

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT (Address): John Snead 145 Jones St Newark N J

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 5, 1934

UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schroeder St

Mrs. Katie R. Williams, Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Aug 6, 1934

I last saw h alive on Aug 6, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Nephritis — Date of onset 2 months

Other contributory causes of Importance:

over

Name of operation: Negative Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Lusk M. D.

(Address) Coroner

M. D. B. 1268-9

F 03837

HEALTH DEPARTMENT—CITY OF BALTIMORE

03837

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Patapsco St., 23-01 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Charles A. Weidner

(a) Residence: No. 1512 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): June 16, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Polisher & buffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Elliott Machine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Don't know

14. BIRTHPLACE (city or town) (State or country): Don't know

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Don't know

17. INFORMANT: Louise Weidner

(Address): 1512 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Aug 11 1934

19. UNDERTAKER: C. Edward Evans

(Address): 32 E. Lee St.

20. Filed: Aug 11 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 - 1934 to Aug 8 1934

I last saw him alive on June 6 1934 Death is said to have occurred on the date stated above at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cardiac thrombosis	8/8/34
Chronic Nephritis	1902

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Hayburn M. D.

(Address) 1 E. Lee St

Spec. 8-16-29—L. F. S.—100 Blks.

F 03838

131

HEALTH DEPARTMENT—CITY OF BALTIMORE

3838

CERTIFICATE OF DEATH

REGISTERED NO. 23-08

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Smith Ave ST. 25th WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emilia F. Artfalk.

(a) RESIDENCE NO. 2610 Smith Ave ST. 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White. | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Julius Artfalk

DATE OF BIRTH (month, day, and year): Feb 21, 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	6	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: same.

BIRTHPLACE (city or town) (State or country): Germany 69 yrs.

10 NAME OF FATHER: Jacob Knabe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Witer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Augusta Artfalk.

(Address) 2610 Smith Ave

Filed 8-1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Aug 7, 1934, that I last saw her alive on Aug 6, 1934, and that death occurred, on the date stated above, at 1 05 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic,
Nephritis Chronic.
Arthritis Chronic.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) H. Lawrence Wheeler M. D.

8/7/1934 (Address) 2410 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 7/9 1934

20 UNDERTAKER: Edw. London — ADDRESS: Wash Blvd

D. B. 1268-9

F 03839

HEALTH DEPARTMENT—CITY OF BALTIMORE

03839

CERTIFICATE OF DEATH

45

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Walnut Ave St., Ward 28-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Sloan Haskins

(a) Residence: No. 905 Walnut Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle Belknap

DATE OF BIRTH (month, day, year) 3/25/1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	11 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. M. R. Co.

10. Date deceased last worked at this occupation (month and year) 08h

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME of Father Samuel C. Haskins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of Mother Laura J. Keller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Estelle Haskins 905 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date 8/4/34 19

19. UNDERTAKER [illegible] (Address) 1317 Eutaw St

20. Filed [illegible] 1934 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug- 6 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28 1933 to Aug 6 1934

I last saw him alive on July 24 1934. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Buccal Cavity (Left). Sec. Metastasis.	

Other contributory causes of importance:

Name of operation Coagulation of Rt. Mental Date of 9/9/33

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. V. Edmond M. D.

(Address) Medical Arts Bldg.

D. P. 1268-9

✓ F 03840

03840 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward) 21-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Fisher

(a) Residence: No. 1311 Bayard St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 16, 1888

ACE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John C.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Tyler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Cem Date Aug 4. 1934

19. UNDERTAKER Joseph A. Lynch

(Address) 407 N. Mount Street

20. FILED [illegible]

(Signature of Registrar)

- 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25 1934 to August 3 1934

That I saw him alive on August 3 1934 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension & congestive failure	1 yr.
Pulmonary infarct	10 d.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagrés M. D.

(Address) Balt. City Hosp.

M. D. P 1268-9

3841

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03841

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 W. Saratoga St., Ward) 20 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William J. Brady.

(a) Residence: No. 1815 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ann M. Brady.

7. DATE OF BIRTH (month, day, year) February 17. 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	1920	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME J. Frank Brady.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Tresa Perry.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT S. O. Bryson,
(Address) 1815 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date August 10. 1934

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

Filed 1934 Eugene Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1931 to Aug 7th 1934

That I last saw h[illegible] alive on Aug 5 1934 Death is said to have occurred on the date stated above, at 11 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation & pulmonary edema	2 hrs.
Other contributory causes of importance: Angina pectoris - Chronic myocardial & hypertension - Senility -	2 yrs.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas E Cotton M. D.

(Address) 4 N. Fulton Ave

H. D. B. [illegible] F 03842 Lawrence Essex ✓ F 03842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Lane Hospital St., Ward) 4-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Lawrence Essex

(a) Residence: No. [illegible] St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 2nd 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	3	10/11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Williams Essex

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Paula Anderson

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Paula Essex

(Address) 106 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date Aug 9th 1934

19. UNDERTAKER Bynon & Jones & Wright

(Address) 1218 McCulloh St

AUG 9 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1934 to Aug 6th 1934

I last saw him alive on Aug 6th 1934 Death is said to have occurred on the date stated above, at 12 10 M. m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Streptococcus sore throat	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Daniel E. Boyd M.D.

(Address) Lyden Lane Hospital

F 03843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. F 03843

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16th Ward) - 01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard A. Gross
(a) Residence: No. 1228 E. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md
13. NAME Lewis
14. BIRTHPLACE (city or town) (State or country) Calvert Co Md
15. MAIDEN NAME Barbara Engus
16. BIRTHPLACE (city or town) (State or country) Calvert Co Md
17. INFORMANT Records Balt City Hosp
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date Aug 8 1934
19. UNDERTAKER Thomas A. Dwight & Son
(Address) 1228 E. Fayette St.
20. FILED 9-1-1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27. 1934 to August 7. 1934
That I saw him alive on August 7. 1934 Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	?
Rupture of aneurysm of abdominal aorta	Terminal
Other contributory causes of importance:	
	over

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify
(Signed) I Phagil M. D.
(Address) Balt City Hosp

rec.—1-12-23—M&T—500 Bks.

03844 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03844

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1001 Ensor ST., (WARD) 10-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Bova

(a) RESIDENCE No. 1001 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 10 mos. ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Sebastiana

DATE OF BIRTH (month, day, and year) July 11, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe-maker

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer self

BIRTHPLACE (city or town) (State or country) ~~Italy~~ Sicily Italy

10 NAME OF FATHER Joseph Bova

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marguerite Mirabella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant (wife) Mrs. L. Bova.

(Address) 1001 Ensor St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 1934

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to August 6, 1934,

that I last saw him alive on August 6, 1934,

and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis -

Chronic myocarditis -

Chronic nephritis - Acute pneumonia complicating

(duration) 3 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2 mos. 6 ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of -

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Frank R. Di Paula, M. D.

, 19 (Address) 1323 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 8/9 19 34

20 UNDERTAKER Edward Monroe

ADDRESS Woodland

8-9-1934 Registrar

E 03845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

Registered No. 13-01

1. PLACE OF DEATH Hospital For Women of Maryland

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 46 yrs. ... mos. ... ds.

2. FULL NAME Esther Margosian

(a) Residence: No. 3501 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Jacob Esthenor

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Esther

(Address) 3501 Woodbrook ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Int Cem Date 8-9-34

19. UNDERTAKER Jos. Levin Sons

(Address) 1439 E. Balto St.

20. FILED ... 19 ... Harrington Williams M.D.

AUG 9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1934, to August 8, 1934

I last saw her alive on Aug 8, 1934 Death is said to have occurred on the date stated above, at 7:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1931
Generalized Arteriosclerosis	

Other contributory causes of importance:

Starvation	4 wks

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify ...

(Signed) Beverley L. Compton M. D.

(Address) Womans Hosp

Dr Baylis 03846 Colored

D. P. 1265-b 03846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Smallwood St (Ward) 15-01

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth 45 yrs. mos. ds.

2. FULL NAME Nathan Friedenberg

(a) Residence: No. 1509 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

7. DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Same

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rashin

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Daniel Schmatz

(Address) 5815 Narcissus Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mush Rd Date 8-9-34

19. UNDERTAKER Louis Lee

(Address) 1439 E. Baltimore St

20. FILED (Signature of Registrar)

8-9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1934, to Aug 8, 1934.

I last saw him alive on Aug. 8, 1934. Death is said to have occurred on the date stated above, at 8:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3d
Other contributory causes of importance: Chron. Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. D.

(Address) 2040 Eutaw St

F 03847 ✓ F 03847

H. D. B. 2068-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 16-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hosp. St., 308 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Mr. Joseph Josepha.

(a) Residence: No. 804 Hollins St. St., 308 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella Josepha

DATE OF BIRTH (month, day, year) Nov. 25, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Mrs. John Josepha

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Miss Ann Urban

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Md. Genl Hosp. (Address) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 11, 1934

19. UNDERTAKER John Grebliauckas. (Address) 423 S. Paca Street. J.D.

20. FILED 8-9-1934 Huntington Millard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1934 to 8-8, 1934

I last saw him alive on 8-8, 1934 Death is said to have occurred on the date stated above, at 7 23 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Multiple Carbuncles	

Other contributory causes of importance:

Acute Pulmonary oedema due to Myocardial insufficiency

Name of operation Excision Carbuncle Date of 8-1-34

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) H. Crodon, M. D.

(Address) Md Gen Hosp.

M. D. B. 1268-A F 03848 ✓ F 03848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405.S.Paca.St., St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME Selvester Yukna or Yuknavich

(a) Residence: No. 214.S.Sharp.St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	*	*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Selvester Yuknavich

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Selma Poshela

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Beanard Yukna
(Address) 214.S.Sharp.St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 10 1934

19. UNDERTAKER John Grebliauckas . J.D.
(Address) 423.S.Paca.St.,

20. FILED Aug 10 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21 1934 to Aug 6th 1934
I last saw h... alive on Aug 6 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mo ago

Other contributory causes of importance:

Name of operation Laparotomy Date of 1 mo ago

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Skendowsky M. D.

(Address) 142 Washington Blvd.

M. D. B. 1268-9

William P. Wagner

E 03849

03849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

188

Registered No. 12-01

1. PLACE OF DEATH Lyndenarm Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William P. Wagner

(a) Residence: No. 2631 N. Calvert St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1895

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	39	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Undertaker's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. undertaking 86

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME George F. Wagner

14. BIRTHPLACE (city or town) Fairfield Co. (State or country) Md.

15. MAIDEN NAME Leslie ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Wm. P. Wagner

(Address) 2631 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 10 1934

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

FILED ..... 19 ..... Registrar.

9-1934 Huntington Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1934 to August 8, 1934

I last saw h[illegible] alive on August 8, 1934 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cat Rite	July 31, 1934
Encephalomyelitis	July 30, 1934
Pulmonary Edema	Aug 7, 1934

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Zachman M. D.

(Address) Lyndenarm Hospital

F 03850

3850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 1 mos. 24 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Ebert

(a) Residence: No. 2847 Lake Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 13 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Ebert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret C. (Grier)

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Henry Ebert

(Address) 2847 Lake Ave.

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 8/11 34, 19

UNDERTAKER Geary & Rote Co

(Address) 1st Washington Ave Towson

8-13-34 Registrar. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Aug 7, 1934

I last saw h alive on Aug 7, 1934 Death is said to have occurred on the date stated above, at 10:05 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumococcus Meningitis	Aug 2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D. B. 1263-9

3851

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 03851

CERTIFICATE OF DEATH

X 124-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No.) Baltimore, Maryland. St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred W. Hersey

(a) Residence: No. P.O.Box 95 Irvington, Virginia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adele Drummond Hersey

DATE OF BIRTH (month, day, year) May, 23, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship 086

10. Date deceased last worked at this occupation (month and year) 8-1-34

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Pembroke, Maine

13. NAME Charles E. Hersey

14. BIRTHPLACE (city or town) (State or country) Pembroke, Maine

15. MAIDEN NAME Almeda Hersey

16. BIRTHPLACE (city or town) (State or country) Pembroke, Maine

17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Pembroke, Maine Date 8-11-34

19. UNDERTAKER George J. Ruth Inc
(Address) 1700 Hillsdale Parkway

20. FILED 1934 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 , 1934

22. I HEREBY CERTIFY, That I attended deceased from August 4th , 1934 to August 8th , 1934

I last saw him alive on August 8th , 1934. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	5-1-34
Cirrhosis of Liver - Hypertrophic	5-1-34
	1915

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Edw. Donohue , M. D.

(Address) U. S. Marine Hospital, Balto. Md.

M. D. B. 1268-9

F 03852

F 03852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 E. Ostend St., Ward) 23-07

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Albert

(a) Residence: No. 35 E. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Albert.

7. DATE OF BIRTH (month, day, year): Sept 29. 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Christian Schwenum

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Catherine Gardner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles Albert

(Address): 35 E. Ostend St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug 10th 1934

19. UNDERTAKER: Mrs. Mrs. John W. Tyndall Son

(Address): 211 W. Fayette St

Aug 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1934 Aug 7 1934

I last saw her alive on Aug 6/34. 12 P. Death is said to have occurred on the date stated above, at 6.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder.	2 yrs.
Other contributory causes of importance:	over

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry Hudselson M.D.

(Address) 920 Hanover

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03853

CERTIFICATE OF DEATH

F 03853

92-081

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 811 N. Gilmor St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 14 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Berry 16-01

(a) Residence: No. 811 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 870

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Saml Berry Wash.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lena Holmes

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Lena Berry

(Address) 811 N. Gilmor

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 8/9/34

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

8/9-1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h aliva on ..... 19 Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular ..... Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leuk Coroner, M. D.

(Address) Baltimore

M. D. B. 1268-9

03854

HEALTH DEPARTMENT—CITY OF BALTIMORE

Briscoe ✓ E 03854

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jarvis Briscoe

(a) Residence: No. 140 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Briscoe

6b. DATE OF BIRTH (month, day, year): 9 1

7. AGE: Years 43; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME OF FATHER: Mr Briscoe

14. BIRTHPLACE (city or town) (State or country): Mr Briscoe

15. MAIDEN NAME OF MOTHER: Mr Briscoe

16. BIRTHPLACE (city or town) (State or country): Mr Briscoe

17. INFORMANT: Mrs Emma Terry

(Address): Mt Winas, Md

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cemetery Date 8/8 34

Place 19

19. UNDERTAKER: Thomas E. Kelson

(Address): 1303 Preston St.

AUG 9 - 1934 Health Office, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-6-34 19

22. I HEREBY CERTIFY, That I attended deceased from 7-21-34 19 to 8-6-34 19

I last saw her alive on 8-6-34 19 Death is said to have occurred on the date stated above, at 3:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Nephritis	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Lloyd Fox M. D.

(Address) Provident Hospital

Spec.—9-30—A. & Co.—250 Blks

F 03855

03855 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 229 N. Gilmor ST. WARD) 19-01

2 FULL NAME Hester Jones

(a) RESIDENCE NO. 229 N. Gilmor ST. WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

10 NAME OF FATHER: Lorenzo Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Murdock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Edith Peters 213 N. Mount

15 Filed ..... 19 ..... Registrar

G9-1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934, to Aug 8, 1934

That I last saw her alive on Aug 5, 1934

and that death occurred, on the date stated above, at 9 40 P m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos. 40 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard M. D.

19 (Address) 1963 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL Aug 11 1934

UNDERTAKER: Daniel N. Chase Sons — ADDRESS 38 N Gilmor

H. D. P. 1353-9

3856

E 03856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. 22-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Earnest Johnson

(a) Residence: No. 519 Edsales St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): May 19, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 049

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): 2

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Alexander Johnson

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Martha J.

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Lion Cem Date 8/9 1934

19. UNDERTAKER: Walter W. Longo

(Address) 139 W. Lanvale St.

20. FILED 8-9 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29 1934 to Aug 6 1934

That I last saw him alive on Aug 6 1934 and death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection Lower Leg (Cellulitis)	7/29/34
Other contributory causes of importance: Acute Myocardial failure	8/6/34

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Conrad N. Bruce M. D.

(Address) Balto City Hospitals

Bu. Bur. 1269-9

F 93857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bon Secours Hospital Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Gertrude A. Collins

(a) Residence: No. 1910 Christian St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 6 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Marion James Collins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Edith Mary Carr

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT James Jr. Collins

(Address) 1910 Christian St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug 10 1934

UNDERTAKER Harry H. Wiltshire

(Address) 4101 Edmondson Ave

Huntington Hill Station Md

FILED Aug 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Aug 7, 19 34. Death is said to have occurred on the date stated above, at 2.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Cystitis	Aug 3 1934

Other contributory causes of importance:

None

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Injuries Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Paca St

M. D. B. 1268-9

3858 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 03858

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., ... Ward)

Length of residence in city or town where death occucred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

4-01

2. FULL NAME Andrew Henry

(a) Residence: No. 457 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city oc town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Celoc or Race	5. Single, Maccied, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If marcied, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Lee

6. DATE OF BIRTH (month, day, year) Dec. 20, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	7	18	

OCCUPATION

8. Trade, profession, or particular kind of wock done, as spinner, sawyer, bookkeeper, etc. Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER FATHER

13. NAME Vincent Henry

14. BIRTHPLACE (city or town) Westminster, Md.
(State or country)

15. MAIDEN NAME Emily Brown

16. BIRTHPLACE (city or town) Westminster, Md.
(State oc country)

17. INFORMANT Carrie Cohen (Sis)
(Address) 457 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 8 9 34

19. UNDERTAKER Chas. H. Ebaugh & Son
(Address) 51 W. Main St.

19. [illegible] 19 [illegible] Registrar.

AUG 9 - 1934 Westminster, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-22-34, 19..... to 8-7-34, 19.....

I last saw him alive on 8-7-34, 19..... Death is said to have occurred on the date stated above, at 6.30? m.

The principal cause of death and celated causes of importance wece as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	

Othec contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fili in also the following:

Accident, suicide, oc homicide? ..... Date of injucy ....., 19.....

Where did injury occuc? .....
(Specify city oc town, county, and State)

Specify whethec injucy occucred in industcy, in home, or in public place .....

Mannec of injury .....

Natuce of injucy .....

24. Was disease oc injury in any way reiated to occupation of deceased? .....

If so, specify .....

(Signed) William Jewell Phillips M. D.

(Address) President Hospital

F 03859

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03859

CERTIFICATE OF DEATH

128

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward) 12-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emily Thompson

(a) Residence: No. 2407 Maryland ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm F. Thompson

DATE OF BIRTH (month, day, year) Nov 11-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57.	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benjamin Bowling

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emily Morton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nearest Kin
(Address) 2407 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Aug 10— 1934

19. UNDERTAKER Chas J Ingue & Son
(Address) 11 Mount Royal Ave

20. FILED 9-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934, 19 . to Aug 8 . 1934.

I last saw h— alive on Aug 7 . 1934. Death is said to have occurred on the date stated above, at 7 45/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pancreatitis	8 6 1934

Other contributory causes of importance:

Name of operation Laparotomy Date of 8-7-34

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. Kenworthy M. D.

(Address) Mercy Hospital

M. D. P. 1268-B

F 03860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03860

50

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Beaufort Ave. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Stevens (Swain)

(a) Residence: No. 5201 Beaufort Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard P. Stevens

6. DATE OF BIRTH (month, day, year) Nov 12-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER FATHER

13. NAME Howard T. Stevens

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Katherine Dillon

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Howard P. Stevens

(Address) 5201 Beaufort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Aug 9 1934

19. UNDERTAKER J. B. Upshur & Son

(Address) Baltimore, Md.

20. Aug 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1932 to Aug 1934

I last saw her alive on Aug 5 1934. Death is said to have occurred on the date stated above, at 9 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure of heart	2 yrs

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Dr Hammerschlag Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. Russell M. D.

(Address) 3901 Greenmount Ave

F 03861

F 03861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1641 E. Mad. St., (Ward) 7-01 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bruce

(a) Residence: No. 1641 E. Mad St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ida Stanley
(Address) 1641 E. Mad St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Aug 10 1934

19. UNDERTAKER Edw. Boryer
(Address) 1681 Orleans St

20. FILED [illegible] 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-20-1934 to 8-7-1934
I last saw h. alive on 8-7-1934 Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Myocarditis	6/1/34
with Cardiac Dilatation	"
(b) Acute Nephritis	3/15/34
Other contributory causes of importance:	
Acute Inflammatory Rheumatism	

Name of operation ..... Date of .....
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James R. Blake M. D.
(Address) 724 Fairmount St.

M. D. F. 103862 F 03862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. 16-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Mosher Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 8 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Emma F. Stapf

(a) Residence: No. 1813 Mosher Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Stapf

6. DATE OF BIRTH (month, day, year) Oct. 29th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER / FATHER

13. NAME Mr. Eichelberger

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Olivia Gray

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Lenore Brewer
(Address) 1813 Mosher Street

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug. 10 1934

19. UNDERTAKER Robt. B. Cook
(Address) 1003 W. Baltimore St

20. FILED Aug 10 1934 Registrar

AG 9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7th. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Aug 7 1934

I last saw h[illegible] alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart (Mitral Regurgitation)	7 yrs
Other contributory causes of importance: Arterio Sclerosis. Carcinoma of Breast.	2 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin Tel. Phone M. D.

(Address) 806 N. Fulton Ave.

M. D. B. 1268-9

✓ F 03863

03863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Good Shepherd Private Hospital

CITY OF BALTIMORE: (No. 1512 N. Fulton Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U.S. if of foreign birth? 17-6-1 yrs. mos. da.

2. FULL NAME Isaac Kelly

(a) Residence: No. 915 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A.	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) 12/24/1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	14	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Langston, Va.

13. NAME Joseph Kelly

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Watts (Friend)
(Address) 915 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 9 1934

19. UNDERTAKER [illegible]
(Address)

1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1934 to Aug. 7 1934

I last saw h[illegible] alive on Aug. 7 1934. Death is said to have occurred on the date stated above, at 2:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	14 yrs.
1) Hypertensive - Cardio - Vascular - Renal disease	Unk.

Other contributory causes of importance:

Anasarca	June
Ascites	June

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert E. Brown, M. D.

(Address) 923 N. Linden Ave

M. D. P. 1268-9

✓ F 03864

3864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward) 21-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Doody Sr.

(a) Residence: No. 1268 Glyndon Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 2, 1865

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Doody

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/10 1934

19. UNDERTAKER John J. Cowan & Son

(Address) 120 Reed St

-1934 Hamilton for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933 to August 7, 1934

I last saw him alive on August 7, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 yrs +
Myocardial insufficiency	15 hrs
& congestive failure	
Broncho pneumonia	3 days

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phegal, M. D.

(Address) Balt City Hosp.

D. B 1268-9

✓ F 03865

03865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH Maryland Hotel,

CITY OF BALTIMORE: (No. 20 E. Fayette St. St., Ward) 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Ensor.

(a) Residence: No. 2713 Bernard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of ~~XXXXXXXXX~~ Catherine C. Ensor.

6. DATE OF BIRTH (month, day, year) August 16, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reserved Naval man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Co. Md.

13. NAME Franklin Ensor.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Rebecca Rankey.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT George F. Ensor. (brother)

(Address) 5237 Fairlawn Ave.

BURIAL, CREMATION, OR REMOVAL

Place David Rudge Date Aug 10, 1934

UNDERTAKER Mary M. [illegible]

(Address) 20 E. [illegible]

8-1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilotation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Steinhardt, M. D.

8/8/34 (Address) 1017 N. Charles St. Coroner

F 03866

3866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 12-01

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Carr

(a) Residence: No. 1739 Pittman Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James

7. DATE OF BIRTH (month, day, year): Sept. 30 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Patrick Carr

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Ina Walsh

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Records (Address): Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Cemetery Date: Aug 10 1937

19. UNDERTAKER: Name: The Wakefield Co. (Address): 501 to 509 Huntington Ave. Milwaukee, Wis.

20. FILED: 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 8 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3 . 1937 to August 8 . 1937 that she was alive on August 8 1937 Death is said to have occurred on the date stated above, at 1.53 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of vertebrae & paraplegia	1 yr?
Diabetes Mellitus	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phagan, M. D.

(Address) Balt City Hosp

D. P. 1265-0

M F 13867

HEALTH DEPARTMENT—CITY OF BALTIMORE

13867

210-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltofsen Hospital St., Ward) 16-0

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Joseph Sherman Chapman

(a) Residence: No. 1832 W Lanvale St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Dem

DATE OF BIRTH (month, day, year) Nov. 4, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Mrs E Chapman

14. BIRTHPLACE (city or town) (State or country) Mass

15. MAIDEN NAME Lucy Childress

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Nina Chapman

(Address) 1832 W Lanvale St

BURIAL, CREMATION, OR REMOVAL Date 8/10/34

Place Pat Hunt

UNDERTAKER Geo Weber & Son

(Address) 2503 Edmondson Ave

FILED 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 19__, to July, 19__, 19__. Death is said

I last saw h alive on July 23, 1934

to have occurred on the date stated above, at 2:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	7/4/34
& Rupture of Branches Pancreas	8/2/34
Other contributory causes of importance:	
Automobile Accident	8/4/34

Name of operation Laparotomy Date of 8/5/34

What test confirmed diagnosis Surgical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/4, 1934

Where did injury occur Harford Rd, nr Belair Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was riding in

Nature of injury Int. & ext. Injuries

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sherman M. D.

Coroner

(Address) 2503 E Monument

M. D. B. 1268-9

03868 ✓ F 03868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 Rosebank Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C. Rohlfing

(a) Residence: No. 438 Rosebank Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Rohlfing

6. DATE OF BIRTH (month, day, year) May 5, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

13. NAME: Christian Rohlfing

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Magdalena Rohlfing

(Address) 438 Rosebank Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt. Date Aug. 11, 1934

19. UNDERTAKER: George W. Zirkler

(Address) 1737 E. Eager St.

Aug. 1934 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Aug. 8, 1934.

I last saw him alive on Aug. 8, 1934. Death is said to have occurred on the date stated above, at 8 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Myocarditis	many years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Hoges, M. D.

(Address) 5700 York Rd Baltimore Md

Spec.—9-30—A. & Co.—250 Bks

03869 F 03869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-004 REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. WARD) 27-01

2-FULL NAME Baby Born Thornburg

(a) RESIDENCE NO. 5924 Glen Oak Rd. (Parents) ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13, 1934

7 AGE: Years | Months | Days: 26 7/5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Home & Infirmary

PARENTS

10 NAME OF FATHER Edward Thornburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Helen Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Ed Thornburg (Address) 5924 Glen Oak

15 Filed 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1934

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1934, to Aug. 8, 1934

that I last saw him alive on Aug. 8, 1934

and that death occurred, on the date stated above, at 5.40 P. M.

The CAUSE OF DEATH* was as follows:

Congenital dysfunction or anomalie of Gastro-Intestinal tract

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Richard V. Hauer M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath Cem — DATE OF BURIAL: 8/9 1934

20 UNDERTAKER: Leonard Plank — ADDRESS: 505 Pratt St

D. B. 1268 F 03870

✓ F 03870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Elliott Av. St., Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Bernhard

(a) Residence: No. 1511 Elliott Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht.	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Frances Bernhard

DATE OF BIRTH (month, day, year) Feby 6th 1865

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	69	6 Mo.	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Pa R.R. Co

10. Date deceased last worked at this occupation (month and year) Dec. 1930

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Bernhard

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Emmilie Conrad

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs Francis Bernhard

(Address) 1511 Elliott Av.

18. BURIAL, CREMATION, OR REMOVAL Place Holmes Cem. Date Aug. 11 1934

19. UNDERTAKER Walter Davis

(Address) 3418 Chestnut Ave

FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933 to Aug. 8 1934

I last saw him alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular dis. of heart	3 yrs.
Debilitation & general dropsy	
Other contributory causes of importance:	
Emphysema	10 yrs.

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Leftwich M. D.

(Address) 1605 W. North Ave.

H. D. F. 1268-9

E 03871

3871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 19-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Wood.

(a) Residence: No. 1806 Wilkens St., Ward.

(Usual place of abode) 12

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Wood (dead)

7. DATE OF BIRTH (month, day, year) May 22, 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

13. NAME Adam Greenewald

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catharine

16. BIRTHPLACE (city or town) (State or country) ? Harford Co Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Aug 11th 19 37

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED [illegible] Registrar. 1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28 . 1937 to August 7 . 1937

I last saw him alive on August 7 . 1937 Death is said to have occurred on the date stated above, at 11:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Left	10 wks
c Hemiplegia, Right	
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Pinquel M. D.

(Address) Balt City Hosp

M. D. B. 1268-5

Ft Lowery 1802 N Broadway Wolf. 0385 ✓ F 03872

HEALTH DEPARTMENT—CITY OF BALTIMORE

03872

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 E. Preston St., Ward) 10-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Arbin

(a) Residence: No. 425 E. Preston St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of William Arbin

7. DATE OF BIRTH (month, day, year) March 10th 1857

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Walz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Walz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosa Kohler

(Address) 425 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 11th 1934

19. UNDERTAKER Guy Cook

(Address) 425 E. Preston St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Aug 8 1934

I last saw her alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 1 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Pleuritic Effusion

Auricular Fibrillation

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Bruce M. D.

(Address) 1802 Broadway

M. D. B. 1208-5 Dr Prentiss 634 Gorsuch Ave Dec 9/38 F 03873

3873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Belgian Ave Ward) 27-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Hutchinson

(a) Residence: No. 704 Belgian Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Rebecca Hutchinson

6. DATE OF BIRTH (month, day, year) May 14th 1875

7. AGE: Years 59; Months 2; Days 24; If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rectifier 86

9. Industry or business in which work was done, as mill, saw mill, bank, etc Maryland Products Co

10. Date deceased last worked at this occupation (month and year) Aug 34

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Robt D. Hutchinson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Charlotte Munson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Rebecca Hutchinson

(Address) 704 Belgian Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug 10th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ....., 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934 to Aug 8 1934

I last saw ~~him~~ alive on Aug 8 1934 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	

Other contributory causes of importance:

Tubercular Meningitis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Prentiss M. D.

(Address) 634 Gorsuch Ave

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03874 03874

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Novak

(a) Residence: No. 11 N. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara

DATE OF BIRTH (month, day, year) human

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor 0&6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Novak

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Barbara Novak

(Address) 11 N. Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Oakhill Date 8-11 —, 1934

UNDERTAKER Frank Brack Son

(Address) 1906 Eastlandale

8-9-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible], 19

I last saw h alive on [illegible] Death is said to have occurred on the date stated above, at 2:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left Tibia	3/31/34
Osteomyelitis	May?
Septicemia	

Other contributory causes of importance:

Automobile accident

Name of operation Plated Bone Date of 4/1/34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/31, 1934

Where did injury occur? Hanover St. Bridge
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving collided with a pole

Nature of Injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph P. Carney, M. D. Coroner

(Address) 220 E. Madison St.

M. D. H. 1268-9

03875 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03875

CERTIFICATE OF DEATH

131

Registered No. 15-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3105 Clifton Ave St., Ward
(If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James McDonough

(a) Residence: No. 3105 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE: Margaret Clarke McDonough
6. DATE OF BIRTH (month, day, year): Aug 24 1850
7. AGE: Years 83; Months 11; Days 15; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none
12. BIRTHPLACE (city or town) (State or country): Cork Co. Ireland

MOTHER'S NATION

13. NAME: Patrick McDonough
14. BIRTHPLACE (city or town) (State or country): Cork Co Ireland
15. MAIDEN NAME: Bridget
16. BIRTHPLACE (city or town) (State or country): Cork Co. Ireland

17. INFORMANT: Miss Mary C McDonough (daughter)
(Address) 3105 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug-10 1934

19. UNDERTAKER: Stewart Mortuary Co.
(Address) Baltimore, Md.

1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934 to August 6 1934
I last saw h[illegible] alive on Aug 8 1934 Death is said to have occurred on the date stated above, at 1130 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	1924
Other contributory causes of importance:	
Cardiac Decompensation	July 32 1934

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chas W. Edmunds M. D.
(Address) 2746 Alameda Blvd

F 03876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 E. Preston St., Ward) 8-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michel Luke Doyle

(a) Residence: No. 2016 E. Preston St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 25 1884

AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	6	12 11	

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. Rubber tire builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 086

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME of Father John Francis Doyle

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME of Mother Ida Virginia Meyers

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Ida Virginia Doyle

(Address) 2016 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Aug 10 19 34

19. UNDERTAKER Philip Herring Sons

(Address) 2018 Orleans St.

10 1934 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4 1934 to Aug. 6 1934

I last saw him alive on Aug. 6 1934 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary and Laryngeal Tuberculosis	May, 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Karl Garamella M. D.

(Address) 2203 E. Preston St

M. D. Form 129 E 03877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03877

CERTIFICATE OF DEATH

49

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2243 E Chase St., Ward) 8-C-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Catherine B. Baker

(a) Residence: No. 2243 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: George E. Baker

6. DATE OF BIRTH (month, day, year): Jun 11 1860

7. AGE: Years 64 | Months 6 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pendleton Co Ky

FATHER

13. NAME: Henry Bunch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: John Baker

(Address) 2243 E Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 10. 34

19. UNDERTAKER: Philip Herwig Sons

(Address) 2016 Orleans St.

Huntington Millinery Co

10934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Aug 5 1934

I last saw h[illegible] alive on Aug 5 1934. Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Papillo-epithelioma ovary	1 yr
Other contributory causes of importance:	
Toxic absorption	5 days

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward [illegible] M. D.

(Address) 413 N Howard

M. D. F 03878 ✓ F 03878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH — Registered No. 12-0

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., ~~Code~~ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Cox

(a) Residence: No. State Sanatorium St., Ward.
(Usual place of abode) Sabillsville, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 7, 1911

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxen Hill, Md

13. NAME William Cox

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Bertha Rusk

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date Aug 12 1934

19. UNDERTAKER Thomas J. Mulvey
(Address) 2007 Nuttal St W S

~~8-10-1934~~ Entered 8-11-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934, to Aug. 10, 1934

I last saw her alive on Aug 10, 1934 Death is said to have occurred on the date stated above, at 7:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pulmonary tuberculosis~~	~~2 yrs.~~
Lobar pneumonia	8-5-34

Other contributory causes of importance:

Pulmonary tuberculosis	2 yrs. ago

Name of operation Thoracoplasty Date of 7-10-34 8-31-34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Faris M. D.

(Address)

M. D. F. 12[illegible] F 03879 ✓ F 03879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) So. Balto. Gen'l Hosp. St., (Ward) 24-0
(If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Warwick Kuhlman

(a) Residence: No. 1209 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 6, 1934

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME of Father John J. Kuhlman
14. BIRTHPLACE (city or town) (State or country) Balto., Md.
15. MAIDEN NAME of Mother Mildred E. Kronk
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT John J. Kuhlman
(Address) 1209 Battery Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Leadenhall Cem. Date Aug. 10, 1934
19. UNDERTAKER A. Howard Evans
(Address) 382 E. Fort Ave.

Huntington Williams
(Local Registrar)

G 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1934 to Aug. 9, 1934
I last saw him alive on Aug. 9, 1934 Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intussusception (2)	8/5/34
2. Intestinal obstruction	?
3. Hypo cardiac failure	8/8/34

Other contributory causes of importance:

Name of operation Resection intestine Date of 8/8/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. M. Byrne M. D.
(Address) 1209 Battery Ave.

M. D. P. 1261-9

F 03880 ✓ F 03880

HEALTH DEPARTMENT—CITY OF BALTIMORE

287127

CERTIFICATE OF DEATH

X 59

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. if of foreign birth? yrs. 7-01 mos. da.

2. FULL NAME Margaret Howard

(a) Residence: No. Glen Burnie Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/25/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jesse Holden

14. BIRTHPLACE (city or town) (State or country) Ala.

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Marley Neck Date 8/10/34 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 108 W Montgomery St

8/10/1934 Huntington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 8 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June - 25 - . 1934 to Aug - 8 . 1934

I last saw her alive on Aug - 8 . 1934 Death is said to have occurred on the date stated above, at 3 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus.	1924?
Bilateral pleural effusion	8/25/34
Amputation leg, left.	6/29/34
Gangrene toes, left.	2 mo?

Other contributory causes of importance:

Name of operation Guiti - Sicker Date of 6/29/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R Carmichael Pilgrim M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 03884 ✓ F 03881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? 26-07 yrs. mos. ds.

2. FULL NAME Funk, Mary

(a) Residence: No. 419 S. Lehigh St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) July 4 - 1867

7. AGE: Years 67 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va.

13. NAME Charles Funk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Josephine Elessar

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Kelly Niece
(Address) 419 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cemetery Date Aug 14 1934

19. UNDERTAKER Lilly & Custer Petersburg Va. Inc.
(Address) 402 S. Sharp St.

20. FILED 1934 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1934 to Aug. 9 1934
I last saw h[illegible] alive on Aug. 9 1934 Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	2 wks
" Uraemia	"
Other contributory causes of importance:	
Arteriosclerosis	?
Senile dementia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Damon P. Alaya M. D.

(Address) 332 E Fayette St.

M. D. B. 1268-9

F 03882

F 03882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 17 S. Schroeder St., Ward) 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard E. Larkins

(a) Residence: No. 17 S. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 5-27-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	11	10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cast Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Spring Steels, Inc.

10. Date deceased last worked at this occupation (month, day, year): 7-31-34

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Joseph Larkins.

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Emilie Roberts

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Victoria Larkins (Sister)

(Address): 17 S. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cemetery Date: Aug 10, 1934

19. UNDERTAKER: Mrs. Katie R. Williams

(Address): 32 S. Schroeder St.

20. [illegible] Mrs. Katie R. Williams

AUG 13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1934, to Aug 7th, 1934

I last saw him alive on Aug 7th, 1934 Death is said to have occurred on the date stated above, at 4.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Peritonitis with Intestinal Obstruction.	8/3/34
Other contributory causes of importance: Intestinal Obstruction	7/29/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Gunn, M. D.

(Address) 532 N. Arlington Ave.

Spec.—8-16-29—L. F. S.—100 Bks.

F 03883

F 03883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. 2913

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 303-N. Gilmor St. ST. WARD) 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Burns.

(a) RESIDENCE NO. 303-N. Gilmor St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William Burns

DATE OF BIRTH (month, day, and year) June 12, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Minnie Adams

(Address) 3031. Gilmor St

15 Filed Aug 10 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1934.

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to Aug. 8, 1934, that I last saw her alive on Aug. 7, 1934 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio-vascular renal disease. (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N-O. Date of

Was there an autopsy? N-O.

What test confirmed diagnosis? Clinical

(Signed) Mc Kinley Beesley, M. D.

, 19 (Address) 702-N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Aug 11, 1934

20 UNDERTAKER Mc. Katie & Williams — ADDRESS 322 N. Schroeder St.

M. D. B. 1268-9

0384 (0)3884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Rochester Place St., Ward) 1-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES L. STIRZEL

(a) Residence: No. 109 Rochester Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Frick Stirzel

6. DATE OF BIRTH (month, day, year) May 3, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Allen Stirzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Schaardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Stirzel (Wife)
(Address) 109 Rochester Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date August 10 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. Chas. F. Sander
(Address) Baltimore & Broadway.

Filed 8 10 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1934, to Augt 7th 1934
I last saw h[illegible] alive on Augt 6 1934. Death is said to have occurred on the date stated above, at 6.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease & Nephritis	Prior

Other contributory causes of importance:

Indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) H. R. Gamble M. D.

(Address) 117 W. Lanvale St.

M. D. P. 1268-9

F 03885 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03885

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 46

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgia Dickson 17-01

(a) Residence: No. 536 A. Lonsdale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of David Dickson

6. DATE OF BIRTH (month, day, year) 1864

7. AGE: Years 70 | Months ? | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Georgeanna ?

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Hezekiah Lewis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem Date 8/11/ , 19 34

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

8/10 1934 , 19 ..... Huntington ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 , 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 , 1934 to Aug 9 , 1934

I last saw her alive on Aug 8 , 1934 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	One Year
Other contributory causes of importance: Broncho-pneumonia	8/1/34

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Joyce M. D.

(Address) Balto City Hospitals

M. D. B 1268-9

F 03886

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03886

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., ... Ward) 10-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Bryson

(a) Residence: No. 929 Harford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Bachelor

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Lexington
(State or country) North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Jeannette (Unknown)

16. BIRTHPLACE (city or town) Lexington
(State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lexington N.C. Date 8/12/34

19. UNDERTAKER Frances A. Hendley
(Address) 5 E. & W. Biddle St.

Huntington Wilkinson Co.

AUG 10 1934
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on July 19 34 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shots wounds of chest	July 28 1934
Other contributory causes of importance:	
Homicide	

Name of operation ..... Date of .....

What test confirmed diagnosis? Injuries Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury July 28 1934

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home - 1218 E Madison

Manner of injury Fired upon with gun

Nature of injury Hemorrhage + Laceration of Chest

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Jos L. Holmes M. D.
Coroner

(Address) 16 South Exeter Way

M. D. R. 1268-9

Gottis ✓ E 03887

HEALTH DEPARTMENT—CITY OF BALTIMORE

03887 X 25

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Univ. Hospital St., 4 Ward 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 13 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Violet Gottis

(a) Residence: No. Denton St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L. G.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Denton Md Date Aug 10, 1934

19. UNDERTAKER Virgil Moore per F.E.K.
(Address) Denton Md

Aug 10 1934 Huntington Williams Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1934, to Aug 10, 1934.
I last saw her alive on Aug 10, 1934. Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	July 8 '32

Other contributory causes of importance:

Fecal Fistula	Dec '33

Name of operation Exploratory Laparotomy Date of May 22 '34

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) D. Delmas Staples M. D.

(Address) Univ. Hospital - Balt. Md.

Spec.—1-12-23—M&T—500 Blks.

03888 HEALTH DEPARTMENT—CITY OF BALTIMORE F 03888

CERTIFICATE OF DEATH.

117-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2006 Mc Culloh ST., WARD) 14-01

2-FULL NAME Lewis Watson

(a) RESIDENCE NO. 2006 Mc Culloh ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Delilah Watson

6 DATE OF BIRTH (month, day, and year): Sept 8-1902

7 AGE: Years 32 Months 10 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richard Watson

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER: Susan Aug 54

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Delilah Watson

(Address) 2006 Mc Culloh St

Date received 1934

Filed 1934

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7— 1934

17 I HEREBY CERTIFY, That I attended deceased from June 25 1934 to Aug 7— 1934

that I last saw him alive on Aug 7— 1934

and that death occurred, on the date stated above at 9:15 p.m.

The CAUSE OF DEATH was as follows: Gastric Ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

1934 (Address) 1239 Mc Culloh

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery

DATE OF BURIAL: 8/10 1934

20 UNDERTAKER: Thomas E. Kalson

ADDRESS 1303 Pressman St

M. D. B 1268-9

03889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03889

CERTIFICATE OF DEATH

Foot of Gusby Near Broady

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jackson Wharf St., ... Ward)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard O Kirby

(a) Residence: No. 2416 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Mae Meyers Kirby

7. DATE OF BIRTH (month, day, year) Feb 23-1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tug Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas Kirby

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Cecilia Aren

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mae Kirby

(Address) 2416 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Aug 10, 1934

19. UNDERTAKER John Legget

(Address) 2008 Eutaw

DATE RECEIVED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on Enquiry, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus.	Aug 8-34

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Enquiry Date of ..... Aug 8-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Josh L. Kahnbrun D M. D.
Coroner

(Address) 16 S. Monroe

M. D. H. 1988-9

(03890) HEALTH DEPARTMENT—CITY OF BALTIMORE 03890

CERTIFICATE OF DEATH

81

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., ... Ward) 16-0 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Schaefer

(a) Residence: No. 2854 Harlem Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16. 1916.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John J. Schaefer

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Catherine Bahmann

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT John J. Schaefer
(Address) 2854 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Augo. 19 34

19. UNDERTAKER Vernon Kellner
(Address) 1532 Hollins St

19 Huntington Md.
(Date) (Place)

UC 101934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on July 7 . 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Bulbar palsy. — Date of onset ? Unknown

Other contributory causes of importance:

Respiratory paralysis

Multiple Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Jos. L. Wilson M. D. M. D.
Coroner

(Address) 16 S. Broadway

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

03891 03891

CERTIFICATE OF DEATH X 210-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth ... yrs. ... mos. ... ds.

25 61

2. FULL NAME Milton A. Smeak

(a) Residence: No. 105 Forest Drive (Usual place of abode) Catonsville Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

DATE OF BIRTH (month, day, year) June 6, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Inspector 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Minister

13. NAME Noah Smeak

14. BIRTHPLACE (city or town) (State or country) Carol Co.

15. MAIDEN NAME Carol Shriver

16. BIRTHPLACE (city or town) (State or country) Parma

17. INFORMANT Mary L. Karstar

(Address) 105 Forest Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 10 1934

19. UNDERTAKER 7 Vernon Fleetzer

(Address) 1532 Hollins St

20. FILED Aug 10 1934 Huntington Holbrook, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured rt. tibia	8/6/34
amputated rt. leg.	8/8/34
Bronchopneumonia	8/8/34
Other contributory causes of importance:	
Automobile accident	8/6/34

Name of operation Amputation of leg Date of 8/8/34

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/6 1934

Where did injury occur? Frederick & Osborne Aves (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Standing in auto while

Nature of injury walking On street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Noah Ekonomy Coroner M. D.

(Address) 220 E. Madison St

M. D. P. F 03892

F 03892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 7-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 East Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 20 ds. How long in U. S. If foreign-born? yrs. mos. ds.

2. FULL NAME Laura Ann Moon

(a) Residence: No. 612 East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac P. Moon

6. DATE OF BIRTH (month, day, year) July 20, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Enoch Hartlove

14. BIRTHPLACE (city or town) (State or country) Georgetown, Va.

15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Edna Pheobus

(Address) 612 East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Aug. 13, 1934

19. UNDERTAKER Wm. J. Tickner & Son

(Address) 1 West Fayette St.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to August 9 1934

I last saw her alive on August 8, 1934. Death is said to have occurred on the date stated above, at 5 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	August 1934
Mucous colitis	1 year
Chronic nephritis	5 years
Anemia	July 33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert P. Libarsky M. D.

(Address) 2939 McElderry St.

M. D. R. 1268-9

F 03893

03893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. 8 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds. 10-07

2. FULL NAME Rose Marie Zaertsch

(a) Residence: No. 1012 Forrest St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 1 1933

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John J. Zaertsch

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Estelle Murray

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. John Zaertsch
(Address) 1012 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 11 1934

19. UNDERTAKER Wm J. Tuckniss & Son
(Address) North & Ca Ave

20. FILED AUG 13 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on January 19.34. Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lues Cerebri	Aug 9 1934

Other contributory causes of importance:

Simple Pearrhea

Name of operation ..... Date of ..... None

What test confirmed diagnosis? Wassermann Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Holmes M.D.
Coroner

(Address) 16 W. Mount Royal Ave

M. D. B 12644 F 03894 ✓ F 03894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital St., 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Helen Nelson

(a) Residence: No. 6121 Ridgewood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: WIFE of John W. Nelson

7. DATE OF BIRTH (month, day, year) 4-15-75 1876

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	3	24	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John W. Nelson

(Address) 6121 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cem. Date 8/10/34

19. UNDERTAKER Leonard J. Bush

(Address) 1305 Harlem Ave

FILED 8 10 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-11-34, 19..., to 8-9-34, 19...

I last saw her alive on 8-9-34, 19... Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis : Peritonitis and Peritonitis	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 6-11-34

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Allison, M. D.

(Address) Bon Secours Hospital

H. D. F 1268-9

3895 F 03895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

20-01

2. FULL NAME Marguerite Kuhn

(a) Residence: No. 521 N Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 3 - 1915.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George A Kuhn

14. BIRTHPLACE (city or town) (State or country) Hanover Penna.

15. MAIDEN NAME Ida Galow

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ida Kuhn

(Address) 521 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Aug-11 1934

19. UNDERTAKER Charles J Schaab

(Address) 505 N Monroe St.

19 ...

AUG 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on Tuesday 19... Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	Aug 7 1934

Other contributory causes of importance:

Incomplete abortion
Self induced

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 East Lexington

F 03896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03896

CERTIFICATE OF DEATH

159

Registered No. 9-01

1. PLACE OF DEATH: St. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Fogarty
(a) Residence: No. St. Joseph's Hospital St. Maternity 1013 Bonaparte Ave
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 8-7-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (000)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME James Joseph Fogarty
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
15. MAIDEN NAME Mary Olympia Brennan
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
17. INFORMANT (Address) Jas. Fogarty 1013 Bonaparte
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date aug. 10, 19 34
19. UNDERTAKER (Address) Margaret J. Flynn 2107 N. Milton St.
20. FILED 19 Harrington Pittsburgh

G 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9, 1934
22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1934 to 8-9-34
I last saw her alive on 8-9-, 1934 Death is said to have occurred on the date stated above, at 6 50 p m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Prematurity

Other contributory causes of importance:
Maternal pernicious vomiting of pregnancy.

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. [illegible] F 03897

F 03897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp (St.) J Hop (Ward) 61

Length of residence in city or town where death occurred ... yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerome Koch

(a) Residence: No. 1739 Eastern Ave (St.) Balto (Ward) X

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) 4-15-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME James Koch

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Helen Kucinska

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 10 1934

19. UNDERTAKER J. W. Gazdowski

(Address) 1900 Eastern Ave

Filed [illegible] 19 [illegible]

G10 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934 to Aug 4 1934

I last saw him alive on Aug. 9 1934 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, NT	8-2-34
? Pertonitis	

Other contributory causes of importance:

Prematurity

Name of operation 0 Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gilleran M. D.

(Address) Union Memorial Hosp

F 03898

Spec.—2-24-28 F 03898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

REGISTERED NO. 2629

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5122 Harford Road ST., 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriett Alethea Willis. WARD 27th

(a) RESIDENCE NO. 5122 Harford Road ST.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

If married, widowed, or divorced (or) WIFE of Harry Chaplain Willis.

DATE OF BIRTH (month, day, and year) July 4, 1865.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Chestertown, Maryland.

10 NAME OF FATHER Lewin Usilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chestertown, Maryland

12 MAIDEN NAME OF MOTHER Harriet A. Smyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chestertown Maryland

14 Informant Mrs. Janette Bateman Daughter

(Address) 211 Rucker Ave Spartanburg Va

15 Filed Aug 11, 1934 Huntington Wilkinson, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9, 1934.

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to Aug 9, 1934, that I last saw her alive on Aug. 8, 1934, and that death occurred, on the date stated above, at 9 55 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E. Wilson Sickel, M. D.

, 19 (Address) 5129 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chester Cemetery Md.

DATE OF BURIAL 8/12, 1934

20 UNDERTAKER Hodd & Usilton

ADDRESS Chestertown Md

M. D. B. 1268-9

F 03899

HEALTH DEPARTMENT—CITY OF BALTIMORE

03899

CERTIFICATE OF DEATH

X 128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) (Ward) 7-81

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A Nesbit.

(a) Residence: No. Preston Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John A Nesbit

6. DATE OF BIRTH (month, day, year) Nov. 17, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9 8	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

FATHER

13. NAME John Nesbit.

14. BIRTHPLACE (city or town) (State or country) Nebraska.

MOTHER

15. MAIDEN NAME Lillian Fuller

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. John A. Nesbit
(Address) Preston Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 10 1934

19. UNDERTAKER H. Wesley Evans & Co.
(Address) 1111 E. Fayette St.

10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28 1934 to Aug. 10 1934

I last saw him alive on Aug. 10 1934 Death is said to have occurred on the date stated above, at 7 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	July 28, 34

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 7/31/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

M. D. F 1268-9

F 03900

HEALTH DEPARTMENT—CITY OF BALTIMORE

03900

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Minor

(a) Residence: No. 1436 Barnes St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Minor

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
about 47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Minor

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Blanche Minor

(Address) 1436 Barnes St

18. BURIAL, CREMATION, OR REMOVAL

By W. H. Andrews Date Aug 11, 1934

19. UNDERTAKER Franklin W Sahl

(Address) 707 N Gay St

101934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Aug 4 1934
Other contributory causes of importance:	
Mitral Insufficiency	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Josh R. Vaboter M. D.

(Address) 16 South Broadway

M. D. R. 1268-9

03901 E 03901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St., 76-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Muller.

(a) Residence: No. 327. S. East. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late. Barbara. Muller.

7. DATE OF BIRTH (month, day, year) Dec. 11/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	29 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Muller,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Dotson (Daughter)
(Address) 327 S. East. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathias Cem. Date Aug. 13 34

19. UNDERTAKER Lilly-Feilenbaum Co.
(Address) 403 E. Monument St.

Huntington, West Virginia

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 12:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemorrhage of Lungs	
Other contributory causes of importance: Pulmonary Tuberculosis	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Corner

M. D. B. 1268-9

M ✓ F 03902

HEALTH DEPARTMENT—CITY OF BALTIMORE

03902

CERTIFICATE OF DEATH

Registered No. 207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Penn R. R. between Fayette St. and Hudson St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Barbernitz

(a) Residence: No. 814 So Grundy St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Barbernitz

6. DATE OF BIRTH (month, day, year) June 26-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	12/13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jacob Barbernitz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Christina Baumer

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Cecelia Barbernitz

(Address) 814 So Grundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Aug. 11 1934

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 705 S Mt St. Huntington Williams, Undertaker.

07934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemarrhage from punctured Lung Concussion of the Brain	Aug 8 1934

Other contributory causes of importance:

Accidental. Penna R.R. Tracks opposite foot of Hudson St

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 8 1934

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by locomotive

Nature of injury Puncture of Lung.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

M. D. B. 1268-9

F 03903

03903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Kenwood Ave St., 46 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Frances Fahey

(a) Residence: No. 721 N Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Fahey

6. DATE OF BIRTH (month, day, year) Aug 11 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Buck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susanna Krug

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas Wilson

(Address) 721 N Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 13 1934

19. UNDERTAKER Tilly & Gilbert

(Address) 4 W Lafayette St.

20. FILED Aug 10 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 1934 to Aug 4 1934

I last saw her alive on Aug 3 1934 Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver & Intestines	1yr
Other contributory causes of importance:	
Intussusception	5 Da

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward J Carroll M. D.

(Address) 4137 Reisterstown Rd

M. D. F. 1268-9

F 03904

HEALTH DEPARTMENT—CITY OF BALTIMORE

3904

CERTIFICATE OF DEATH

47 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Murphy

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Timothy Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Terry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date Aug 11, 1934

19. UNDERTAKER John J Cowan & Son

(Address) 90 Collins St

20. FILED Aug 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1926 to Aug. 9, 1934

I last saw alive on Aug 9, 1934 Death is said to have occurred on the date stated above, at 5-30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	6 mo
Carcinoma (P.P.) Larynx	6 days
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Paquet M. D.

(Address) Balt City Hosp

10 1934

M. D. B 1268-9

F 03905

HEALTH DEPARTMENT—CITY OF BALTIMORE

03905

CERTIFICATE OF DEATH

XV 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clifton Contee

(a) Residence: No. Patapsco MD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced (Married)
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feby 5. 34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Patapsco MD
(State or country)

13. NAME of Father Clifton Contee

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME of Mother Jane Chisley

16. BIRTHPLACE (city or town) MD
(State or country)

17. INFORMANT Dr Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Cem Co Date Aug 11 1934

19. UNDERTAKER Smart & Gladney
(Address) Penna Ave & Fulton St

Registrar.

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo-Colitis	

Other contributory causes of importance:

None.

Name of operation Exploring Date August 9 34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Bond

M. D. B. 1268-0

F 03906

HEALTH DEPARTMENT—CITY OF BALTIMORE

03906

CERTIFICATE OF DEATH

√51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen'l Hosp. St., 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Max Metzler

(a) Residence: No. 1939 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, WIFE of (or HUSBAND of) Frida Buresch Mrs. Max Metzler

6. DATE OF BIRTH (month, day, year) Nov. 28, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Metzler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Nell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp Record.

(Address) 20 East St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 11, 1934

19. UNDERTAKER Furry & Whitelo

(Address) 4 W Lexington St

20. FILED Aug 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1934 to 8-9, 1934

I last saw him alive on 8-9, 1934 Death is said to have occurred on the date stated above, at 5 25 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder (over)

Date of onset

Other contributory causes of importance:

Secondary anemia

Myocardial insufficiency due to Chron. Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Loudon, M. D.

(Address) Md Gen Hosp.

M. D. B 1201-9

F 03907

HEALTH DEPARTMENT—CITY OF BALTIMORE

03907

CERTIFICATE OF DEATH

✓ 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 33 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph E. Duty

(a) Residence: No. 2330 E. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Seamer

6. DATE OF BIRTH (month, day, year) June 6 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad R. R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Duty

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Brody

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Duty

(Address) 2330 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 13. 1934

19. UNDERTAKER Rita Mudefeld

(Address) 914 Greenmount Ave

Huntington Ind.

FILED AUG 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Inquiry 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of cervical vertebrae	Aug. 7 1934

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Aug 7. 1934

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fall down steps

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Vokes M. D. Coroner

(Address) 16 South Broadway

M. D. P. 1268-9

Root

F/03908

03908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. √17 Biddle St. 17-04 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Root

(a) Residence: No. √17 Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): 1867.

7. AGE: Years 67 - | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tennessee

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Helen W. Dowling

(Address) √17 Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cem. Date: 8/11/ 1934

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED: Huntington Williams, M.D. Registrar.

8 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/10/34

22. I HEREBY CERTIFY, That I attended deceased from 8/9/17 19 to 8/10/34 19.

I last saw h[illegible] alive on 8/8/34 (Date). Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus 17 yrs

Duration of onset

Other contributory causes of importance:

Heart Disease

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Steel M. D.

(Address) 1924 Mad. Ave.

M. D. B 1268-9

03909 F 03909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 237 W Biddle St., 11-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgeanna Hawkins

(a) Residence: No. 237 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910-Dec 15

7. AGE — Years 23 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Saml. Hawkins

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Pearl Wood

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wm Hawkins
(Address) 237 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Cemetery Date Aug. 11, 1934

19. UNDERTAKER Jesse W. Redden Ft.
(Address) 1736 W Baltimore St.
Huntington Williams Reg.

177434

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	6 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Polk Coroner M. D.
(Address) Coroner

M. D. F. 1268-9

F 03910

HEALTH DEPARTMENT—CITY OF BALTIMORE

03910

CERTIFICATE OF DEATH

✓ 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Beason Street St. 24-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maryanna Ostrowicki

(a) Residence: No. 1631 Beason Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 6d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Ferencz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Magdalena Ruczynski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Mazurkiewicz
(Address) 1631 Beason Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date August 14 1934

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann street

20. FILED ... Huntington Williams ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22nd 1934 to Aug 10th 1934
I last saw her alive on Aug 9th 1934 Death is said to have occurred on the date stated above, at 2/15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 yrs
Other contributory causes of importance:	
Mitral insufficiency	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) S. Pork, M. D.

(Address) 2202 North Ave.

M. D. B. 1268-9

F 03911

HEALTH DEPARTMENT—CITY OF BALTIMORE

03911

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 Bank Street St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Agnes Bartkowiak

(a) Residence: No. 2038 Bank Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Bartkowiak

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Aleksander Monczewski
(Address) 2038 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. Co. Date Aug 13 1934

19. UNDERTAKER John M Weber
(Address) 421 S. Ann St

20. FILED ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10/34

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 34 to Aug. 10 34

I last saw her alive on Aug 6 34 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	Aug 3

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. J. Bryan Rice M. D.

(Address) 801 N Kenwood Ave

M. D. B. 1268-9

Gus Lamartina

F 03912

HEALTH DEPARTMENT—CITY OF BALTIMORE

03912

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. H-01 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 36 yrs. ... mos. ... ds.

2. FULL NAME Gus Lamartina

(a) Residence: No. 106 Pearl St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Serio

6. DATE OF BIRTH (month, day, year) Dec. 25, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62 63	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fruit dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Lamartina

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Liberto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rosa Serio - Lamartina
(Address) 106 Pearl st.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral C. Date Aug 13 1934

19. UNDERTAKER Frank Della Noce
(Address) 52. N. Morley st.

20. FILED Aug 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-2-34. 19 ... to 8-9-34. 19 ...

I last saw him alive on 8-9-34. 19 ... Death is said to have occurred on the date stated above, at 8:45 mAM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8-2-34
Congestive Heart Failure	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) H. Rangeley ... M. D.

(Address) Med. Dept.

M. D. P. 1208-9

F 03913

03913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 S. Kenwood Ave. St., 1-C Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Justyna Betlejewska

(a) Residence: No. 839 S. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Adam Bautro

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Betlejewski
(Address) 839 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Aug. 13. 1934

19. UNDERTAKER F Wozazewski
(Address) 1939 Eastern Ave.

20. FILED [illegible] 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to Aug. 10 1934
last saw her alive on Aug. 10 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	8-8-34
Other contributory causes of importance: Chronic Myocarditis	3 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? P.S.A.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John V. Szczubicki M. D.

(Address) 1802 Eastern ave.

M. D. P. 1268-9

F 03914

03914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 136

CITY OF BALTIMORE: (No. ..... St., 4101 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — William Stanford

(a) Residence: No. 656 Cider Alley, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of — Elona Stanford

6. DATE OF BIRTH (month, day, year) — May 30, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Unknown

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — Maryland

FATHER

13. NAME — George Stanford

14. BIRTHPLACE (city or town) (State or country) — Md.

MOTHER

15. MAIDEN NAME — Sarah Sutton

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT — Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Mt Zion Date Aug 13 1934

19. UNDERTAKER — Isaac L. Blanton
(Address) 1016 Montgomery St

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934 to Aug 8 1934

I last saw him alive on July 9 1934, and death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess. pericardium	4 weeks ago
Embolism. pulmonary	8/8/34
Drainage	8/3/34

Other contributory causes of importance:

Name of operation — Incision Abscess — Date of 8/3/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gant M. D.

(Address) Balto City Hospitals

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03915

03915

CERTIFICATE OF DEATH

77-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ester Holland

(a) Residence: No. 1122 No Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Infant

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Aug 16 - 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME McAlee Holland

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT McAlee Holland

(Address) 1122 No Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Aug 11, 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

11-1934 Interment (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	about August 6-34

Other contributory causes of importance:

none	

Name of operation none Date .....

What test confirmed diagnosis? N Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Howard

M. D. R. 1268-9

E 03916

03916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 N Bernard St. 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Lengner

(a) Residence: No. 37 N Bernard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Lengner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Nancy Hendricks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Chas Lengner.
(Address) 37 N Bernard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 11, 1934

19. UNDERTAKER J. J. Foley & Sons
(Address) 1318 Light St.

20. DATE 11 1934 Hugh [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934 to Aug 10 1934

I last saw him alive on Aug 10 1934 Death is said to have occurred on the date stated above, at 6.15 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Flew Bronc	Aug 5 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Hunter Chew M. D.

(Address) 1123 Eutaw

M. D. H. 1268-9

F 03917

03917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 Patapsco St. 23-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Russell

(a) Residence: No. 1016 Patapsco St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. F. Russell

6. DATE OF BIRTH (month, day, year) Dec. 10. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037 Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Benjamin Bosley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margarit

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. F. Russell

(Address) 1016 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Aug 13 1934

19. UNDERTAKER Margaret G. Flynn

(Address) 2167 N. Hilton St.

Registrar.

AUG 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to Aug. 10. 1934

I last saw her alive on Aug 3 1934 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Duration

Urinary Bladder

Other contributory causes of importance:

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry Ward Cuming M.D.

(Address) 1123 Hamilton

M. D. P. 1908-0

03918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 03918

CERTIFICATE OF DEATH

V/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Ellamont St. 15-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Frances O Neill

(a) Residence: No. 2510 Ellamont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James J O Neill

6. DATE OF BIRTH (month, day, year): Jan 14 1868

7. AGE: Years: 66 | Months: 6 | Days: 20/24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Owen O Neill

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen McGuiggan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Roland G. O Neill

(Address) 2510, Ellamont St

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Aug 13, 34

19. UNDERTAKER: Wm J Tickner & Sons

(Address) North & Broadway

1 1934

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 10, 1934.

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934 to August 10, 1934

I last saw her alive on August 10, 1934 Death is said to have occurred on the date stated above, at 7.03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchitis	Aug 5. 1934
Other contributory causes of importance: Acute nephritis with uremia	Aug 9, 1934

Name of operation: None Date of: None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Reuben Wallace, M. D.

(Address) 2539 Greenmount Ave.

M. D. P. 1268-9

F 03919

03919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Caroline St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Lovey (Penny Nee Bradford)

(a) Residence: No. 523 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: ~~Husband~~ of (or) WIFE of John Bradford

6. DATE OF BIRTH (month, day, year) June 29 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Berry

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Maddox

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Penny (father)

(Address) 523 N. Carolina

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carton Date Aug 11. 1934

19. UNDERTAKER Peter J. Madison

(Address) 535 W. Eldorado St.

Registration District No. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Aug 8 1934

I last saw her alive on Aug 8 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 8 1934
Other contributory causes of importance: Endocarditis Hypertension	3 Mos

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. J. Penny M. D.

(Address) 523 E. Fayette St.

M. D. B. F 03920 F 03920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Ashland Ave St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry L. Stevenson

(a) Residence: No. 1621 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Olivia F. Stevenson

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worcester Co Md

FATHER

13. NAME James Stevenson

14. BIRTHPLACE (city or town) (State or country) Worcester Co Md

MOTHER

15. MAIDEN NAME Eliza Westenhauser

16. BIRTHPLACE (city or town) (State or country) Worcester Co Md

17. INFORMANT Mrs Olivia F. Stevenson
(Address) 1621 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Bal Date Aug 12 1934

19. UNDERTAKER Mrs Chas H. Bayley
(Address) 1421 Jefferson St E

AUG 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Aug 9 1934

I last saw him alive on Aug 5 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	June 1934
Other contributory causes of importance: Endo-and Myo Carditis	Probably 1/4
Bronchial Asthma	
Hypertension Atherosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

M. D. F. 03921 Gilgash F 03921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH Univ. Hospital. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Gilgash.

(a) Residence: No. Elkcott City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 20, 1924.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Elkcott City

FATHER

13. NAME August Gilgash

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Irene Wilcox

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT August Gilgash (Address) Elkcott City

18. BURIAL, CREMATION, OR REMOVAL Mountain View Cem Date 8/14/34

19. UNDERTAKER F. C. Higginbotham Jr. (Address) Ellicott City

19. [illegible] 19 [illegible]

AUG 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-34. 19 to 8-12-34. 19

I last saw h[illegible] alive on 8-12-34. 19 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows: Date of onset

Intestinal Obstruction

Other contributory causes of importance:

Peritonitis
Appendicitis Abscess

Name of operation Appendectomy Date of 8-8-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles L. Goodland M. D.

(Address) University Hospital, City

M. D. B. 1268-9

F 03922

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03922

CERTIFICATE OF DEATH

✓108

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Duncan St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Holiday

(a) Residence: No. 17 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: WIFE of Buddie Holiday

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Joseph Bennett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alice Gray

(Address) 509 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Asburycem Date 8-12 1934

19. UNDERTAKER Byron & Hamilton W. Wright

(Address) 1218 McCulloh St

20. FILED 8-11 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1934 to Aug 10 1934

I last saw her alive on Aug 10 1934 Death is said to have occurred on the date stated above, at 8 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-1-34

Other contributory causes of importance:

Senilis

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton BheCompte M. D.

(Address) 1134 Cawlert St

F 03923

M. D. B. 1268-8

F 03923 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-004

Registered No. 13-01

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3543 Chestnut Avenue St., 13-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth A. Taylor

(a) Residence: No. 3543 Chestnut Avenue St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Taylor

6. DATE OF BIRTH (month, day, year) Mar. 4, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Lennox M. ~~Taylor~~ Morris

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

MOTHER

15. MAIDEN NAME Elizabeth Hunt

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Morris Taylor
(Address) 3543 Chestnut Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Piney Grove Date Aug. 13, 1934

19. UNDERTAKER A. S. Marshall
(Address) 3529 Falls Road

Aug 12 1934 Hunter for Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to Aug 8, 1934

I last saw h[illegible] alive on Aug 10, 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac disease	2

Other contributory causes of importance: Myocardial insufficiency

Name of operation Date of

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Automobile injury 1½ garage

Manner of injury Jolted & fell from [illegible]

Nature of injury Laceration

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Connell M. D.

(Address) 3429 Chestnut Ave

M. D. H. 268-5 F 03924

F 03924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH: United States Marine Hospital, Baltimore, Maryland.

CITY OF BALTIMORE: (No. ..... St., 2-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Pedro Gonzalez

(a) Residence: No. 1623 Thames St., St., Baltimore, Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .

6. DATE OF BIRTH (month, day, year): Oct. 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant Marine

10. Date deceased last worked at this occupation (month and year): 7-24-34

11. Total time (years) spent in this occupation: unk.

12. BIRTHPLACE (city or town) (State or country): Valparaiso, Chile

FATHER

13. NAME: Jose Ramon Gonzalez

14. BIRTHPLACE (city or town) (State or country): Valparaiso, Chile

MOTHER

15. MAIDEN NAME: Delfina Sanchez

16. BIRTHPLACE (city or town) (State or country): Valparaiso, Chile

17. INFORMANT (Address): U.S. Marine Hospital Records Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL: Place St. Mary's, Hampden Date Aug. 13 1934

19. UNDERTAKER (Address): E. Leroy Stiffler, Inc. 125 E. Northave.

20. FILED 19 ..... Registrar

121934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to August 10, 1934

I last saw him alive on August 10, 1934 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, with congestive failure	unk.

Other contributory causes of importance: none

Name of operation — Date of

What test confirmed diagnosis? X-ray and laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Gilchrist M. D.

(Address) U. S. Marine Hospital, Balto. Md.

M. D. B 1268-9

F 03925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03925

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 West Mulberry St. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Joseph Sherry

(a) Residence: No. 3919 West Mulberry Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 20th 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consol. Gas & Elec. Co.

10. Date deceased last worked at this occupation (month and year) April 1924

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William B? Sherry

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

MOTHER

15. MAIDEN NAME Minnie E. Wendle

16. BIRTHPLACE (city or town) Essex Co.
(State or country) Virginia

17. INFORMANT Mrs Minnie Sherry
(Address) 3919 West Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Cem Aug 13" 1934

19. UNDERTAKER Joseph B Cook
(Address) 1803 E Baltimore St.

AUG 12 1934 Hamburger & Wilson Funeral Directors

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10th. 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 2.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 10 1934

Other contributory causes of importance:

Unknown

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos L Kahn Jr M. D.
Coroner

(Address) 16 S. Broadway

M. F. R. F 03926 ✓ F 03926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mott

(a) Residence: No. 928 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Mott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Harlett

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Mott
(Address) 928 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Catskill Date Aug 12, 1934

19. UNDERTAKER Frank Crockson
(Address) 1200 Edmondson Ave

20. FILED 8-12-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1934, to 8/9, 1934

I last saw him alive on 8/9, 1934 Death is said to have occurred on the date stated above, at 5-45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	7/31/34
Appendiceal Abscess	
Intestinal Obstruction	

Other contributory causes of importance:

Name of operation Laparotomy. Date of 8/8/34

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil J. C. Hirschmann, M. D.

(Address) University Hospital

M. D. R. 1268

F 03927

W-807

F 03927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto. (St., Ward) Gil Hosp

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Smith

(a) Residence: No. 348 S Payson St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-1-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Maurice Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Gilda Rovner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 8/12/34

19. UNDERTAKER Leo R. Lenz Inc
(Address) 1534 Balto St

20. FILED AUG 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-34

22. I HEREBY CERTIFY, That I attended deceased from 8/1/34, 19..., to 8/11/34, 19...
I last saw her alive on 8/11/34, 19... Death is said to have occurred on the date stated above, at 2.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Pneumonia	8/8/34
2- Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) John H Cramer M.D. M. D.

(Address) W. B. & H

OCCUPATION IS VERY important. See instructions on back of certificate.

AaCo. 5-31 250R

F 03928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03928

CERTIFICATE OF DEATH

82-011

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Sidney St., 25th Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Clifton Bullen

(a) Residence: No. 2306 Sidney St., 25 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~WIFE of~~ HUSBAND of Sarah Bullen

6. DATE OF BIRTH (month, day, year) June 22, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trustee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hand Trucking
10. Date deceased last worked at this occupation (month and year) Aug 1, 1927
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Goodhand

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Chas C Bullen
(Address) 2306 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 13 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Aug 12 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Aug 10, 1934
I last saw him alive on Aug 10 1934 death is said to have occurred on the date stated above, at 8:03 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset 8/7/34

Epilepsy

Other contributory causes of importance:

Arteriosclerosis ?

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Lawrence Wheeler, M. D.
8/10/34 (Address) 2710 Hollins Ferry Rd

AACo. S-H 2508

F 03929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03929

149-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 28-C Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice H. Rae

(a) Residence: No. 3206 Woodbourne Ave. St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Jump Rae Jr.

6. DATE OF BIRTH (month, day, year) May 31, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Hudson.

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Emilia Kaufman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter Rae (Address) 3206 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL. Date 8/14/34
St. Edmonds, Westminster

19. UNDERTAKER J. McCook (Address) 1214 E. Fort Ave

20. FILED AUG 12 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1933 to August 11, 1934.

I last saw he alive on August 11, 1934, death is said to have occurred on the date stated above, at 11 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia. (108) (Primary)	

Other contributory causes of importance:
Functional Disease of Heart 95 (a)
(any conditions present). (Primary).
Accidents and Casualties 149 (a)

Name of operation Tracheotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas Graham McNutt M. D.

(Address) 516 Cathedral St. 8/11/34

F 03930

F 03930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N. Appleton St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dinnie Ebling

(a) Residence: No. 1004 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed or divorced~~ ~~HUSBAND OF~~ (or) WIFE OF Edward A. Ebling

6. DATE OF BIRTH (month, day, year) Nov 28th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Schreiber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Rosinsky

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward A. Ebling

(Address) 1004 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Westorn Date Aug 13th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED , 19 Registrar.

G 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7th 1934 to August 10th 1934

I last saw her alive on Aug-10th 1934 Death is said to have occurred on the date stated above, at 11.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Cardiac Heart disease (Contributory Hypostatic congestion)	8/6/34
Other contributory causes of importance: Acute Gastritis Acute Bronchitis	8/8/34

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) M. D.

(Address) 1701 N. Fulton Ave

M. D. F. No. 03931 ✓ F 03931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. 8-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis J. Knoll

(a) Residence: No. 2414 Llewellyn ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Josephine Knoll

6. DATE OF BIRTH (month, day, year) Aug. 29, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in the occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Knoll

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kate Kaptain

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Aug 13 1934

19. UNDERTAKER John C. Miller
(Address) 1435 E. Oliver St

20. FILED [illegible] 1934 [illegible]

G12133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to August 9, 1934

I last saw him alive on August 9, 1934. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3 mos

Other contributory causes (if important):

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lionel H. Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B. 1248-9

✓ M F 03932

F 03932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Duro

(a) Residence: No. 144 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 23, 1917

7. AGE Years 16 | Months 10 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Duro

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna Maskunas

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Joseph Duro
(Address) 144 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 13, 1934

19. UNDERTAKER John Grabbauskas
(Address) 423 S. Paca St

20. FILED ..... 19..... Registrar

AUG 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Aug 9, 1934 to Aug 9, 1934

I last saw h alive on Aug 9, 1934 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/8, 1934

Where did injury occur? Old Annapolis Rd & Wabash Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto she was riding in

Nature of injury collided with another

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

M. D. B. 1206 F 03933 ✓ F 03933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth 13 yrs. mos. ds.

2. FULL NAME Adolf Gustafson

(a) Residence: No. 2336 ½ Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Gustafson

6. DATE OF BIRTH (month, day, year) Dec. 30 60

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 016

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder. House

10. Date deceased last worked at this occupation (month and year) 40

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Henry Ucnis
(Address) Mercy

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 8/13/34

19. UNDERTAKER John J. Emory Sons Inc
(Address) 2 E Eden St

12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 19 34

22. I HEREBY CERTIFY, That I attended deceased from June 19 19 34 to Aug 11 19 34

I last saw him alive on Aug 10 19 34 Death is said to have occurred on the date stated above, at 1 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
With Gangrene of Left foot	

Other contributory causes of importance:

Senility	
Arteriosclerosis	

Name of operation Amputation thru Tarsal Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. Bullen M. D. M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

F 03934

F 03934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1752 Carswell Street St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Agnes Moran

(a) Residence: No. 1752 Carswell Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Thomas Moran

6. DATE OF BIRTH (month, day, year) 12/5/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	5	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Beng Burnine

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Catherine Garnety

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Harry Thomas Moran

(Address) 1752 Carswell Street

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Aug. 13, 1934

19. UNDERTAKER J. Ruth Inc

(Address) 1715 Harlem Ave

20. FILED 19 Registrar

G 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to 8/10/34, 19

I last saw her alive on 8/9/34, 19 Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chr. Myocarditis (Infect).	
Chr. Interstitial Nephritis.	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos W. Fielding

(Address) 5103 Hartford Rd.

F 03935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03935

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 9[illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph T Thompson

(a) Residence: No. 1814 Penrose Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Grace M Thompson

6. DATE OF BIRTH (month, day, year) Mch 20 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Jane Thompson

(Address) 1814 N Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem 8/13 193[illegible]

19. UNDERTAKER Eugene A Tilley

(Address) Fort and Fayette Sts

20. FILED [illegible] 19[illegible] [illegible] Registrar

G 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1933 to Aug. 10, 1934

I last saw him alive on Aug. 10, 1934 Death is said to have occurred on the date stated above, at 3 05 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
Intestinal Obstruction

Date of onset

Other contributory causes of importance:

~~Carcinoma of Stomach~~
Cachexia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Carl G Parkel M. D.

(Address) 5[illegible] Fayette Ave

M. D. B 1268-9

F 03936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03936

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH St Agnes Hospital

Registered No. 90-41

CITY OF BALTIMORE: (No. Williams and Caton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Eubner

(a) Residence: No. 2410 Lanvale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Anna Eubner

6. DATE OF BIRTH (month, day, year) March 11 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milkman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver 23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Elias Eubner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Berkel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Eubner
(Address) 2410 Lanvale ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 14 1934

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick ave

20. FILED ... 19... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10- 1934

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1934 to August 10, 1934

I last saw him alive on August 10, 1934 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Carl G Berkel M. D.

(Address) St Agnes Hosp.

INSTRUCTION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

F 03937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03937

CERTIFICATE OF DEATH

X 183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 4 Pratt St. St., W-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Grayson.(C)

(a) Residence: No. 933 F St. S.W. Washington D.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced.

5a. If ~~XXXXXXXXXX~~ or divorced HUSBAND of ~~XXXXXXXXXX~~ Matilda Grayson.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	----------	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mountville Va.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Thomas Grayson.(C) son.

(Address) Falls Church, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Falls Church, Va. Date 8/12/ 1934

19. UNDERTAKER Edward Boyan

(Address) 1831 Orleans St.

20a FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning, probably accidental.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner . M. D.

8/12/34 (Address) 101 E. Charles St.

M. D. F. 12-6-33 F 03938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03938

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Arlington St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah Bachman

(a) Residence: No. 2012 Arlington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bachman

6. DATE OF BIRTH (month, day, year) Nov 17 - 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md (State or country)

FATHER

13. NAME Joseph Butler

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hannah Valentine

(Address) 524 N Castle

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 8/13/34 19

19. UNDERTAKER Philip Herring Sons

(Address) 206 Cleaves St

AUG 13 1934 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Aug 8, 1934

last saw h.. alive on Aug 8, 1934 Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1 Yr.

Other contributory causes of importance:

Cerebral Hemorrhage	10 Days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward Lowell M. D.

(Address) 4132 Wash Ave

F 03939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03939

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 39

CITY OF BALTIMORE: (No.) St., 16-01 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Clementine Mack

(a) Residence: No. 1144 N. Calhoun St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Nov. 19, 1914

7. AGE: Years 19 | Months 8 (8) | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Richmond, Va.

FATHER

13. NAME: Charles Mack

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Clementine Christopher

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Date 8/17/34

19. UNDERTAKER: Harwood F. Brawley

(Address) 818 Dolphin St.

AUG 13 1934

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 4 '34

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934 to Aug 4 1934

I last saw her alive on Aug 3 1934

Death is said to have occurred on the date stated above at 3:30 PM

The principal cause of death and related causes of importance were as follows:

Diphtheritic Gitis & Intra-Cranial Abscess (Tuberculous ??) — Date of onset ?

Other contributory causes of importance: Bronchio-pneumonia — 8/4/34

Name of operation: Colpotomy at Provident Hospital ? — Autopsy? —

What test confirmed diagnosis? None — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A. Gray M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 03340 Katherine Gordon Teresa Kelly Carr ✓ F 03940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Garrison Bl'vd St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine T. Carr (Mrs Thomas Kelley)

(a) Residence: No. 4302 Garrison Bl'vd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas James Carr

6. DATE OF BIRTH (month, day, year) Dec 1 1859 (1860)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg Loudoun Co. Va.

FATHER

13. NAME Joseph D. Kelley

14. BIRTHPLACE (city or town) (State or country) Unknown Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Margaret E. Hastings

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anita White

(Address) 4302 Garrison Bl'vd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Aug 15 1934

19. UNDERTAKER Harry G. Ammann & Son

(Address) 4204 Ridgewood Ave.

FILED Aug 13 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 / 11 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6 . 1934 to 8/11 . 1934

I last saw h[illegible] alive on 8/10 . 1934 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	July 6 '34

Other contributory causes of importance:

Arteriosclerosis	5/11 34

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

AaCo. 5-31 2M F 03941

F 03941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 McCulloh St., 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Marshall Smith

(a) Residence: No. 2022 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Elizabeth Smith

6. DATE OF BIRTH (month, day, year) Feb 28-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

MOTHER

13. NAME Webster Smith

FATHER

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Reed

16. BIRTHPLACE (city or town) (State or country) St Marys Co

17. INFORMANT Helen Elizabeth Smith
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/13/34 19

19. UNDERTAKER Mrs. George A. Holland
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1934 to Aug 9, 1934

I last saw h.. alive on Aug 9, 1934, death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	1934
Other contributory causes of importance: Arteriosclerosis — Cardiac Hypertrophy	Aug 1934
Failure of Compensation	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical, Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Wright, M. D.

(Address) 1209 Mosher

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 03942 ✓ F 03942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Patapsco St. 21-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Wirth

(a) Residence: No. 1413 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wirth

6. DATE OF BIRTH (month, day, year) Mar. 30, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John F. Creamer

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Rutter

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT George Wirth

(Address) 1413 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 15 1934

19. UNDERTAKER Mrs. Mrs. John W. Teufel & Son

(Address) 501 W. Fayette St

AUG 13 1934

19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from July 13th, 1934 to Aug 11th, 1934

I last saw her alive on Aug 10th 1934 Death is said to have occurred on the date stated above, at 5.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach ?	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray etc Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M. D.

8/13/34 (Address) 1224 26 Hanover St.

M. D. B. Form 3 F 03943

✓ F 03943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. West Balto Gen. Hosp. St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Nelson Fowler.

(a) Residence: No. 1750 E. North Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	18	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James Fowler.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Margaret Grehill

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Chas F

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westernberg Date Aug 13 1934

19. UNDERTAKER Commonwealth Funeral Service

(Address) 3617 Edmondson Ave

AUG 13 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10-34, 19, to 8-11-34, 19

I last saw h. alive on 2:45 A.M. 8-11-34 Death is said to have occurred on the date stated above, at 2:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Lobar Pneumonia	1 day ago 8-9-34
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Coogan M.D., M. D.

(Address) W. 33 N.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-A

F 03944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03944

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Pinewood St. 27-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Emma Ong Smith

(a) Residence: No. 2903 Pinewood St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White.	widow.

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Chas E. Smith.

6. DATE OF BIRTH (month, day, year) May 13 / 50.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none — 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Smithfield - Ohio

FATHER

13. NAME Fred Moses Harlan

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Mary Cain

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Chas Hanna

(Address) 2903 Pinewood St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Windsor Md State 8/13- 34

19. UNDERTAKER John J. Ruck

(Address) 2811 Hudson St.

Date 19 ___ Registrar.

AUG 13 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to Aug ___, 19___

last saw h[illegible] alive on Aug 9 1934 Death is said to have occurred on the date stated above, at 1 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio - Sclerosis	Several years.
Other contributory causes of importance:	
Myocardial insufficiency	5 wks.

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ___

(Signed) W. B. Brumbaugh M. D.

(Address) 2216 Garrison Blvd.

M. D. F. No. F 03945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03945

CERTIFICATE OF DEATH

82-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 Woodyear St., 19-21 Ward)

Length of residence in city or town where death occurred? 5 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Cecelia Lilly.

(a) Residence: No. 333 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Lilly

6. DATE OF BIRTH (month, day, year)	March 8 1873			
7. AGE	Years 59	Months 4	Days 25	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Barney Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Pennington

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Barnard J. Lilly (Address) 1103 S. Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 15 1934

19. UNDERTAKER Fos Jordens & Son (Address) 1233 E. Pratt

Aug 14 1934 1116 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Aug. 12 1934

I last saw her alive on Aug 12 1934 Death is said to have occurred on the date stated above, at 5:57 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Hemiplegia	1931
Other contributory causes of importance: Edema of Lungs	8/13/34

Name of operation ——— Date of ———

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Koelling M. D.

(Address) 2623 Washington Blvd

M. D. P. 12-15-3

F 03946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03946

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N Patterson Park Ave St., 7-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard J Smith

(a) Residence: No. 528 N Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard E Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elmyora Bouge

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Richard E Smith
(Address) 528 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Aug 13 1934

19. UNDERTAKER Mrs. C. Miller & Son
(Address) 2234 Jefferson Street

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	1 month
	over

Other contributory causes of importance:

Name of operation Inquiry Date of Aug 12

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph L. Valentine D. M. D. Coroner

(Address) 16 S. Monroe

AUG 13

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

03947 M F 03947

CERTIFICATE OF DEATH

210-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar Tolley

(a) Residence: No. 218 (Usual place of abode) Brunt St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 15, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bolton Md

FATHER

13. NAME Wright Tolley

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Eva Montgomery

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Wright Tolley (Address) 218 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Aug 13 34

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presserman St

(Signed) ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Contusion	

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 8/12 1934

Where did injury occur? Penna Ave in Lumber Yard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury Crossing Penna Ave

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Louis Faborny Coroner M. D.

(Address) 2100 E. Monument St

M. D. B. 1268-9

F 03948

F 03948 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N Gilmore St. 15-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nathan W. Boston

(a) Residence: No. 1614 N Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary T Boston

6. DATE OF BIRTH (month, day, year) Dec 25 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49 50	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co Md

FATHER

13. NAME Wm Boston

14. BIRTHPLACE (city or town) (State or country) Caroline Co Md

MOTHER

15. MAIDEN NAME Ada Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Boston

(Address) 1614 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Aug 14 1934

19. UNDERTAKER Thomas E. Katson

(Address) 1303 Presstman St

AUG 13 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1934 to Aug 10 1934

I last saw him alive on Aug 10 1934 Death is said to have occurred on the date stated above, at 8:25 am (am)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 8 1934

Other contributory causes of importance:

Name of operation None Date of ... 0

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. C. Casey M. D.

(Address) 753 N Gilmore St

OCCUPATION is very important. See instructions on back of certificate.

vs 3

M. D. B. 1268-9

F 03949

03949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 70-a1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Moore

(a) Residence: No. 3113 Leeds ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Moore

6. DATE OF BIRTH (month, day, year) March 8, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	46	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Francis Moore

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME May ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Aug 14, 1934

19. UNDERTAKER Mrs. Katie P. Williams
(Address) 327 N. Schroeder St.

20. FILED ... 19... [illegible]

G 131934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1934 to August 10, 1934

I last saw him alive on August 10, 1934 Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5wks.
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Lem H. Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 03950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03950

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 E. 24th St St. 12-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William James R. Sims

(a) Residence: No. 118 E. 24th St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary P. Sims

6. DATE OF BIRTH (month, day, year) Nov 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8 9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6 13

10. Date deceased last worked at this occupation (month and year) 3 yrs ago

11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) Ontario - Canada

FATHER

13. NAME Henry F. Sims

14. BIRTHPLACE (city or town) (State or country) N. Y. State

MOTHER

15. MAIDEN NAME Rachel Merlin

16. BIRTHPLACE (city or town) (State or country) Ireland ?

17. INFORMANT Mr. Ray Sims

(Address) 118 E. 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 15th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to August 12, 1934

I last saw him alive on August 12, 1934. Death is said to have occurred on the date stated above, at 7.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 weeks
Hypertrophied Prostate	4 weeks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julius H. Goodman M. D.

(Address) 2210 Maryland Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. F. 1268-9

Dr. Liggy 432 S. Patterson Park Ave Broadway

F 03951

F 03951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Fait Ave St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Siebert

(a) Residence: No. 2408 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Barbara Siebert

6. DATE OF BIRTH (month, day, year) Oct 14th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Maria Gertrude

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Barbara Siebert

(Address) 2408 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Aug 14th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul

20. FILED AUG 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1934 to Aug 11 1934

I last saw him alive on Aug 11 1934 Death is said to have occurred on the date stated above, at 8 10 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930 ?
Chronic Interstitial Nephritis	" ?

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? How specify

(Signed) George Di Liggy M. D.

(Address) 432 S Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 03952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03952

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Flautt

(a) Residence: No. 1730 E. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clayton A. Flautt

6. DATE OF BIRTH (month, day, year) ?? 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred W. Kahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Frederick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Aug. 14 1934

19. UNDERTAKER Fulton Corbett
(Address) 1314 E Bond St

20. FILED , 19 Registrar

AUG 13 1934 Huntington, West Virginia, WV

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1934 to Aug 11 1934

I last saw h. alive on Aug 11 1934 Death is said to have occurred on the date stated above, at 8-13 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	
Hemiplegia, left	3 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. Phaneuf M. D.

(Address) Balt City Hosp.

V-9-3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

03953 **HEALTH DEPARTMENT—CITY OF BALTIMORE** VB 08953

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb) 5-A

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabel Gray

(a) Residence: No. 227 N. Eden st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Gray

6. DATE OF BIRTH (month, day, year) June 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Felix Gray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Aug 14 1934

19. UNDERTAKER Mrs Chas G. Bailey
(Address) 1421 Jefferson St. Huntington Williams, W. Va.

20. FILED AUG 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934 to August 10, 1934. I last saw her alive on August 10, 1934. Death is said to have occurred on the date stated above, at 3.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

S 3

03954

F 03954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Isadore Olson

(a) Residence: No. 5007 Liberty Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White Hebrew	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Irving Sola

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Olson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Levindale Cemetery Date 8/13/34

19. UNDERTAKER H. E. Pearlman

(Address)

AUG 13 1934 Huntington Williams Md

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934 to Aug 12, 1934

I last saw h... alive on Aug. 12, 1934 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	?
Other contributory causes of importance:	
Hypertension Nephritis	?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Emil Lamm M. D.

(Address) Mercy Hospital

H. D. P. 1268-9

03955 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03955

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bety Hosp St., 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Bacinski

(a) Residence: No. 110 N. Kenwood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Bacinski

6. DATE OF BIRTH (month, day, year) July 4 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) 6/4

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Anton Bacinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherine Zemka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julia Bacinski. Wife.
(Address) 110 N. Kenwood ave

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place St. Stanislaus Cem Date Aug 14" 1934

19. UNDERTAKER M. H. Sadowski
(Address) 1740 Eastern ave

AUG 13 1934 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. Negus M.D. Coroner . M. D.

(Address) 1305 N. Patterson Park ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1933-4

F 03956

Fannie Mae Hooker

F 03956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1 ✓

1. PLACE OF DEATH Hosp. for women & Md

CITY OF BALTIMORE: (No. John & Fayette St St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Fannie Mae Hooker

(a) Residence: No. Union Bridge, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 23, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	5	17 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper G.H.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 6 1934

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Union Bridge, Md.

FATHER

13. NAME Ephraim H. Hooker

14. BIRTHPLACE (city or town) (State or country) Deer Creek, Md

MOTHER

15. MAIDEN NAME Martha C. Durbin

16. BIRTHPLACE (city or town) (State or country) Oak Orchard, Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mountain View Cem Union Bridge Md Date 8/6/ 1934

19. UNDERTAKER Raymond K. Knight

(Address) Union Bridge Md

20. FILED AUG 13 1934 Carrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to Aug 13, 1934.

I last saw her alive on Aug 13 1934 Death is said to have occurred on the date stated above, at 2 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Typhoid Fever	3 wk

Other contributory causes of importance:

Thrombothrombosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Waverley C Compton, M. D.

(Address) Womans Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 8-9 F 03957

2 8 792 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03957

✓ 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millie Kitchens

(a) Residence: No. 1434 Barnes St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/1/26

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Kitchens

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Lethia Spullen

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion cem'y Date Aug 13 1934

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans St

UG 13134

19 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16 1934 to July 29 1934

I last saw her alive on July 29 1934 Death is said to have occurred on the date stated above, at 3 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia, tuberculous.	May 34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Macfarlane M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

03958 F 03958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 46

CITY OF BALTIMORE: (No. ..... St., 3-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Johnson

(a) Residence: No. 1245 Cornelius St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of George Johnson

6. DATE OF BIRTH (month, day, year) Oct 17, 1888

7. AGE Years 45 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME Decker Burney

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Matilda Wilson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place asbury cemetry Date aug 14 1934

19. UNDERTAKER Edw Bryan

(Address) 1631 Orleans St

20. FILED ..... 19 .....

(Signature)

AUG 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 34

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to Aug 10, 34

I last saw him alive on Aug 10, 1934 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	?
Stomach with Metastasis	

Other contributory causes of importance: Bronchio-Pneumonia 8/9/34

Name of operation Exploratory Laparotomy Date of 8/6/34

What test confirmed diagnosis? Biopsy Were any autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel E. Lynch M.D.

(Address) Balto City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. F 03959

F 03959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Division St. 11-61 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Mathews

(a) Residence: No. 1913 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John W Mathews

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Barbara Butler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lena J. Williams
(Address) 59 Lodge St Albany N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place W. L. Bibums Date 8.15.34 19

19. UNDERTAKER W. Geo Robbins
(Address) 1631 Penna Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to Aug 11 1934. I last saw her alive on Aug 11 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1934?
Other contributory causes of importance: Cerebral Hemorrhage	2 mo

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify. ...

(Signed) L Williams Frey M. D.

(Address) 1708 Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B. 1268-9

F 03960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03960

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Ellerslie Ave Ward) 9-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hartman Ament

(a) Residence: No. 3012 Ellerslie Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Sarah A Ament nee Moggan

6. DATE OF BIRTH (month, day, year) Aug 23/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71.	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert Ament

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sarah A Ament

(Address) 3012 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL St Mary's Hanford Date Aug. 15/34 19

19. UNDERTAKER Walter Davis

(Address) 3418 Eastern Ave

20. FILED Huntington Wilson Reg.

AUG 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1934 to Aug 13 1934

I last saw him alive on Aug 13 1934 Death is said to have occurred on the date stated above, at 4.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Aug 5

Other contributory causes of importance:

Arteriosclerosis
Interstitial
Chronic nephritis

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo L Spencer M. D.

(Address) 2455 Hanford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. F. 1568-9

03961 E 03961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Monnier

(a) Residence: No. 2910 Eclesdale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Monnier

6. DATE OF BIRTH (month, day, year) 4/4/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Monnier (Address) 2910 Eclesdale Ave

18. BURIAL, CREMATION, OR REMOVAL Mona Cathedral Date 8/14, 1934

19. UNDERTAKER Leonard J Keyser (Address) 4305 Reisterstown Rd

AUG 13 1934 Registrar for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Aug 12, 1934

I last saw him alive on Aug 12, 1934. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	Several years
Other contributory causes of importance: Pulmonary Edema	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Smith, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms. So that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03962

HEALTH DEPARTMENT—CITY OF BALTIMORE

03962

CERTIFICATE OF DEATH

34 V

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. No 01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bond

(a) Residence: No. 518 Boulden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Bond

6. DATE OF BIRTH (month, day, year): Feb. 2, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry 084

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Samuel Bond

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Patricia Chanford

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Aug 14 1934

19. UNDERTAKER: Fally & Bradley Inc
(Address) 483 W Lafayette Ave

20. [illegible]

AUG 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1934 to Aug 11 1934

I last saw him alive on Aug 11 1934 Death is said to have occurred on the date stated above, at 4:35 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis with Chole Lithiasis	7/25/34
	over
Other contributory causes of importance: Acute Myocardial failure	8/11/34

Name of operation: Cholecystectomy Date of 8/11/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Grant M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 03963

F 03963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 24

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl W. Turner

(a) Residence: No. 203 Hamburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-28

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wood Turner

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hattie Nichols

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ward Turner
(Address) 203 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 8/11, 1934

19. UNDERTAKER Walter B. Lanier
(Address) 39 W. Hamburg St.

20. FILED AUG 13 1934 Thomas J. Pullen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-30-34, 19 to 8-10-34, 19

I last saw him alive on 8-10-34, 19 Death is said to have occurred on the date stated above, at 5½ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Neil Rogers M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

F 03964

03964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Ething St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Jacobs

(a) Residence: No. 2105 Ething St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant.

6. DATE OF BIRTH (month, day, year): 8-8-34

7. AGE Years	Months	Days	If LESS than 1 day, 16 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Clarence Jacobs

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Ruth Jacobs

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Ruth Jacobs
(Address): 2105 Ething St.

18. BURIAL, CREMATION, OR REMOVAL
Place: University of Md Date: Aug 10 ..., 19..

19. UNDERTAKER: [illegible]
(Address)

20. FILED ... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8 8, 1934, to 8 9, 1934

I last saw her alive on 8 8, 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Abortion	
18 wks	
Prematurity	

Other contributory causes of importance:

Name of operation: None Date of: No

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. E. Savage M. D.

(Address) Univ. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE INK

0625

M. D. B. 1268-9

F 03965

03965 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 81

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-01 Ward)

Length of residence in city or town where death occurred 1st yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Richter

(a) Residence: No. 141 E. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elena (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Aug 13 1934

19. UNDERTAKER (Address)

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1934

I HEREBY CERTIFY, That I attended deceased from May 14, 1934 to Aug. 10, 1934

I last saw h[illegible] alive on Aug 10 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Transverse myelitis, lumbar cord ? ology ?)	38 yrs
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 03966

03966 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Carter

(a) Residence: No. ? St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret (Lee)

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	? 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

FATHER

13. NAME Watt Carter

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Records Bald City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Aug 23 1937

Mr. Rabbitt

19. UNDERTAKER

(Address)

AUG 31 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17 1937 to August 7 1937

I last saw him alive on August 7 1937 Death is said to have occurred on the date stated above, at 5-15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Heart disease arteriosclerotic ?	
Coronary thrombosis ?	Term.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagiel M. D.

(Address) Bald City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10

3627 RPH

M. D. B. 1268-9

F 03967

03967 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Ruder

(a) Residence: No. 290 W Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Frances Brooks

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md.

17. INFORMANT Records
(Address) Bald. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Aug 13 1934

19. UNDERTAKER [illegible]
(Address)

AUG 13 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1932 to August 7 1934

I last saw him alive on August 7 1934. Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Heart disease, arteriosclerotic	3 yr
Myocardial Insufficiency	—

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Bald. City Hospitals

To state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

03968 F 03968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 97-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dabbs

(a) Residence: No. 607 S Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 15, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place University of Md Date Aug 13, 1934

19. UNDERTAKER Keith. (Address)

13 1934 Huntington Williamsport Md

0629

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to August 7, 1934 that said h was alive on August 7 1934 Death is said to have occurred on the date stated above, at 5-20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Hypertension c myocardial failure	1 yr
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel, M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03969

F 03969

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lorraine Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Engrund

(a) Residence: No. 7636 Hyelle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Romania

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 13 1934

19. UNDERTAKER
(Address)

20. FILED AUG 13 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-34 19

22. I HEREBY CERTIFY, That I attended deceased from 8-5-34 19 to 8-6-34 19

I last saw h.im alive on 8-6-34 19 Death is said to have occurred on the date stated above, at 1230 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8 6 34

Other contributory causes of importance:

Dysphagia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W W Langsdorf M. D.

(Address) Union Bridge

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 03970

F 03970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hammerela

(a) Residence: No. 867 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) August 10, 1934

7. AGE Years	Months	Days	If LESS than 1 day, Hrs. or Min.
			4 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Russel E. Hammerela
14. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

MOTHER

15. MAIDEN NAME Helen Dudley
16. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

17. INFORMANT Mrs Helen Hammerela
(Address) 867 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ Hosp Md Date Aug 13 1934

19. UNDERTAKER
(Address)

AUG 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934 to August 11, 1934
I last saw him alive on August 10, 1934 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
30 wks.	
Other contributory causes of importance:	
Maternal Central Placenta Praevia	

Name of operation (if any) none Date of

What test confirmed diagnosis? measurements Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Information asked for on this certificate is necessary for the registration of vital statistics, and the law requires that all the items be completed so far as possible. Any person who wilfully furnishes false information is guilty of a misdemeanor. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 03971 ✓ F 03971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 1426 Park Ave St 14-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna B. Bettcher
(a) Residence: No. 1426 Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 2-6-1920
7. AGE: Years 14 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER
13. NAME: Charles E Bettcher
14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER
15. MAIDEN NAME: Margaret C Graves
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 14 1934

19. UNDERTAKER (Address): J. H. Pentecost & Co. Oakland 140 Caddo

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934 to Aug 12, 1934
I last saw her alive on Aug 12, 1934 Death is said to have occurred on the date stated above, at 10 55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral mastoiditis	6 [illegible]
Meningitis Streptococcus	7 [illegible]

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 7/[illegible]/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. King Jr. M. D.
(Address) 1210 Eutaw Pl. Balto

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13 A 11324

M. D. R. 1268-9

F 03972

✓ F 03972 !

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. ..... St., 3-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Andrews

(a) Residence No. 1108 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years 74 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 00

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Andrews

14. BIRTHPLACE (city or town) (State or country) [redacted] Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Paul

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date 8/7/34

Place University of Md Date Aug 31 19 34

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] [illegible] for Williams

[illegible] 1134

OG30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1934 to Aug 8 1934

I last saw him alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate & Retention	?

Other contributory causes of importance:

Fracture femur-right
Pyelocystitis
Senility
Arteriosclerosis

Name of operation [redacted] No Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Good M. D.

(Address) Baltimore City Hospitals

10 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

✓ F 03973

F 03973 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 8-01 St., Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam H. Reed

(a) Residence: No. 1504 N. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): October 10, 1857

7. AGE: Years 74 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber 104

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Jacob Reed

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Endesburger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Cem. Aug 14 1937

19. UNDERTAKER (Address): Geo. J. Kurtz Son 1713 Pennsylvania Ave

20. FILED: Aug 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937 to August 11, 1937

Last saw him alive on August 11, 1937 Death is said to have occurred on the date stated above, at 5-35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Paralysis agitans	2 yrs?
Emphysema Chronic	-?-

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagier, M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—6-30—A & Co—250 Blks.

F 03974 Renie Lemuth. F 03974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH C. H. & I.

CITY OF BALTIMORE: (No Church Home & Infirmary ST 27-01 WARD)

2-FULL NAME Lemuth, Mrs. Renie

(a) RESIDENCE NO. 5108 Walther ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 60 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Lemuth

6 DATE OF BIRTH (month, day, and year) Aug 5, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER John Dawson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto
12 MAIDEN NAME OF MOTHER Sara McClure
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Charles Lemuth
(Address) 5108 Walther Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-12-34

17
I HEREBY CERTIFY, That I attended deceased from 8-8 , 1934, to 8-12 , 1934
that I last saw her alive on 8-12 , 1934
and that death occurred, on the date stated above, at 10:55 A m.

The CAUSE OF DEATH* was as follows:
Myocarditis, chronic & Congestive failure

(duration) 2 yrs.+ mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis, Cong. failure, Chr. nephritis (duration) 2+ yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Richard T. Hanner M. D.
, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. / Loudon Park Cem. DATE OF BURIAL 8/13/34

20 UNDERTAKER Dawson
ADDRESS 1735 Harford
1135 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 03975

HEALTH DEPARTMENT—CITY OF BALTIMORE

03975

CERTIFICATE OF DEATH

45

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E. Lanvale St., 8-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret A. Wood

(a) Residence: No. 1720 E Lanvale St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E. Wood

6. DATE OF BIRTH (month, day, year) Feb 5 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Keenan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Brigit Lenord

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wm Wood
(Address) 1720 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Mem Date 8/14/34 19

19. UNDERTAKER Philip Henry Sons
(Address) 2010 Eutaw St

AUG 13 1934 Filed ....19 ....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/21 1934 to 8/11 1934

I last saw h.... alive on 8/10 1934. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma tongue ulcerating mandible	1932

Other contributory causes of importance:

Cachexia
Dyspnoea

Name of operation Removal tongue Date of 1932
Radium treatment

What test confirmed diagnosis? ....Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No 19.... (Specify)

(Signed) Neal Rayden M. D.

(Address) 1517 E North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 03976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03976

46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) (Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Cajay

(a) Residence: No. 1008 Shields Alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva (Sep)

6. DATE OF BIRTH (month, day, year) Sept 7, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 ?	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Newfoundland

MOTHER

15. MAIDEN NAME Vanetta Campbell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. [redacted] Cemetery Date 8/14, 1934

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Preastman St

20. FILED Hunter Williams, Registrar.

AUG 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to August 11, 1934

I last saw him alive on August 10, 1934 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	8 mos ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Rhagee M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03977

HEALTH DEPARTMENT—CITY OF BALTIMORE

03977

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann. Moran

(a) Residence: No. 3008 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Peter Moran

14. BIRTHPLACE (city or town) (State or country) Ireland ″

MOTHER

15. MAIDEN NAME Mary Gilhooly

16. BIRTHPLACE (city or town) (State or country) Ireland ″

17. INFORMANT Rose Mullaney
(Address) 812 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place St Patrick's Cem Date 8/14/34

19. UNDERTAKER William Cook
(Address) 1217 St Paul St, Balto Md

20. FILED AUG 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934 to Aug. 11 1934

I last saw her alive on Aug. 11, 1934 Death is said to have occurred on the date stated above, at 11:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis and Cardiac Dilatation	? 1 day
Other contributory causes of importance: Dementia praecox	46 yrs.

Name of operation — Date of —

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas P. Glasgow M. D.

(Address) 3316 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 03978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 03978

164-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 N. Calvert St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. McSorley

(a) Residence: No. 2230 N. Calvert St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Virginia M. McSorley

6. DATE OF BIRTH (month, day, year) Oct 17th 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John Mc Sorley

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER

15. MAIDEN NAME Bridget Casey

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

17. INFORMANT Mrs Virginia Mc Sorley

(Address) 2230 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Aug 14th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette

20. FILED AUG 14 1934 by [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminated Gas Poison - Suicide	

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

27. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Mooney Coroner M. D.

(Address) 3437 Roland Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6.

M. D. F 03979

F 03979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 1-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Zolkowski

(a) Residence: No. 5-10 S. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) April 23, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Cem Date Aug 14, 1934

19. UNDERTAKER John M. Weber (Address) 401 E. Chase St

20. FILED AUG 1 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934 to August 11, 1934

I last saw him alive on August 11, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis?	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magee, M. D.

(Address) Balt. City Hosp

Instructions: Fill in all items, using ditto marks (") where appropriate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1903 F 03980 ✓ F 03980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 W. Lanvale St., 11-01 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Poling

(a) Residence: No. 207 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 10th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wardsville West Va

MOTHER FATHER

13. NAME Samuel Poling

14. BIRTHPLACE (city or town) (State or country) Cruigsstown Md

15. MAIDEN NAME Catherine Bane

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT (Address) Kate P. Dunn 207 W. Lanvale St

18. ~~Where and when attended deceased~~ Place Martinsburg W. Va Date Aug 14th 1934

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

AUG 1 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12th 1934

22. I HEREBY CERTIFY That I attended deceased from June 21 1934 to Aug 12 1934

I last saw him alive on Aug 12 1934 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	8-12-34
Arteriosclerosis Chronic Nephritis	Indefinite

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. C. Richardson M. D.

(Address) 1112 W. 25th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 03981 ✓ F 03981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HARRIS — Betty Lou

(a) Residence: No. Owings Mill, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
no	5	2123	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owings Mills, Md

FATHER

13. NAME John David Harris

14. BIRTHPLACE (city or town) (State or country) Owings Mill, Md

MOTHER

15. MAIDEN NAME Evelyn Fowler

16. BIRTHPLACE (city or town) (State or country) owings Mill, Md

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cem Date Aug 15 1934

19. UNDERTAKER J. E. Elmer Sons
(Address) Westminster Md

20. FILED AUG 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1934, to Aug 13 1934, 5:20 pm
I last saw h-- alive on 8-13-34 19 . Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Birth
Coronary Thrombosis	
Other contributory causes of importance: Myocardial failure	8-10-34

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) a Salvaneschi M.D.
(Address) Union Memorial Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1068-9 F 03982

✓ F 03982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 727-41 Ward)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lucy V. Nelson

(a) Residence: No. 8 E York St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 14 1931

7. AGE: Years 2 | Months 10 | Days 29th | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: (0)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George Jackson

14. BIRTHPLACE (city or town) (State or country): Montgomery Co Maryland

MOTHER

15. MAIDEN NAME: Mary Fox

16. BIRTHPLACE (city or town) (State or country): Frederick Maryland.

17. INFORMANT (Address): Medical Records Mercy

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Aug 15 1934

19. UNDERTAKER (Address): John F Dennis 715 Light St

19½ 1934 Huntington Williams, NP

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to Aug 12, 1934

I last saw h[illegible] alive on Aug 12, 1934. Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Pulmonary Tuberculosis

Other contributory causes of importance:

2. Tuberculous Meningitis

Name of operation: None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Mercy Hospital

M. D. F. 1265

F 03983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Lombard + Greene St. 17-91 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Harris

(a) Residence: No. 518 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C. to Co

FATHER

13. NAME Homer Harris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Harris
(Address) 1364 Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date August 14 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1934 [illegible]
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1934, to 8-11, 1934

I last saw h[illegible] alive on 8-11, 1934. Death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	8-11-34
Carcinoma of Tongue	
Secondary hemorrhage	8-8-34

Other contributory causes of importance:
~~Carcinoma of tongue~~

Name of operation Ligation Lingual artery Date of 8-11-34

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W. Farr, M. D.
(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1200 F 03984

F 03984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Central Ave St., 5-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Armstrong

(a) Residence: No. 421 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-30-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co Md

FATHER

13. NAME Osburn Armstrong

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Catherine Kelley

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT Anna Armstrong
(Address) 421 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 8-15th 1934

19. UNDERTAKER Bryant & Manders & Wright
(Address) 1218 Pine & Eldery St

21. Filed 19 Registrar

UG 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19 1934 to Aug 11 1934

I last saw her alive on Aug 11 1934 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Indefinite

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. Garland Ousley M. D.

(Address) 1534 Druid Hill Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

F 03985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03985

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital St. 20-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Counselman

(a) Residence: No. 2126 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gordon Counselman

6. DATE OF BIRTH (month, day, year) Jan 24-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reads Drug
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl L White
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Dean
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Earl Counselman
(Address) 2126 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 14th 1934

19. UNDERTAKER Geo G. Lesnick
(Address) 17 S. Paca St

AUG 14 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to Aug 11, 1934
I last saw her alive on Aug 11, 1934 death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal Abscess	8-7-34
Peritonitis	8-7-34
Other contributory causes of importance: Myocardial failure -	8-11-34

Name of operation Drainage Appendiceal Abscess Date of 8-8-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John L. Van Metre M. D.
(Address) Franklin Sq Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. Cos-9 F 03986

F 03986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Isabel Byrnes

(a) Residence: No. St. Agnes Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1D yrs ago

11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) (State or country) Wathemoketts Rhode Island

FATHER

13. NAME James H. Byrnes

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Ellen T. Carr

16. BIRTHPLACE (city or town) (State or country) Edinburg. Scotland

17. INFORMANT Sister Anna Conley
(Address) St Agnes Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 16 1934

19. UNDERTAKER Martin Fisher & Sons
(Address) 1827 N. Monroe Ave.

20. FILED , 19 Registrar

AUG 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934 to Aug 13, 1934
I last saw h.. alive on August 13, 1934 Death is said to have occurred on the date stated above, at 7 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:
Gastric Hemorrhage (Secondary Bleeding for 10 days)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas Leo Riches M. D.
(Address) 2 W. Read St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 03987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital (Tb.)

CITY OF BALTIMORE: (No.) St., 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Topa

(a) Residence: No. 1705 Lancaster st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Unknown~~

6. DATE OF BIRTH (month, day, year) Aug. 21, 1916

7. AGE: Years 17 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

FATHER

13. NAME John (~~Unknown~~) Topa

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Annie ? Percak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Aug 16th 1934

19. UNDERTAKER George A. Weber

(Address) 703 S Ennis street

AUG 14 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934 to August 13, 1934

I last saw her alive on August 13, 1934 Death is said to have occurred on the date stated above, at 10:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03988

F 03988

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N. Wolfe Street St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia A. Heck

(a) Residence: No. 1502 N. Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): March 11, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
1	5	2	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John C. Heck

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Amelia L. Benner

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mr. John C. Heck (Father)
(Address) 1502 N. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Wed 15 1934

19. UNDERTAKER: Geo. J. Roth & Son
(Address) 1535 Harlem Ave. Washington, D. C.

AUG 14 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitr. Cystitis	Aug. 10-34

Other contributory causes of importance:

none

Name of operation: Injury Date of Aug. 10-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 S. Bond

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03989

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Dorn St., 17-01 131 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Brown

(a) Residence: No. 1125 Dorn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Boston

17. INFORMANT Clara Fowler
(Address) 1125 Dorn

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 8/14, 1934

19. UNDERTAKER Daniel E Coston
(Address) 916 Penna ave

AUG 14 1934 Huntington Undertaking Co
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
	6 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

vs e state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 03990

03990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home and Infirmary (STREET) 15-01 (WARD) (Louise)

2-FULL NAME Mrs Louisa Shields

(a) RESIDENCE NO. 3401 Fairview Avenue ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H Shields

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — At home

(b) General nature of industry, business, or establishment in which employed (or employer) — own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. von Velte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lula E. Shields

(Address) 3401 Fairview Avenue

15 Filed AUG 14 1934 Huntington Mills, Patrick Mills, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13, 1934

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934, to Aug. 13, 1934

that I last saw her alive on Aug. 13, 1934

and that death occurred, on the date stated above, at 12 46a m.

The CAUSE OF DEATH* was as follows:

Parkinson's disease

(duration) 8 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Hugh C. Slaughter M. D.

8-13 1934 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug 15 1934

20 UNDERTAKER Wm J. Tuckwell & Son — ADDRESS North Pt

information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03991

16680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Hamet

(a) Residence: No. 24 N. Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Selkana Zavamtonon.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lelba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ROSEDALE Date 8/13/34 19

19. UNDERTAKER Jos. Louis Sons

(Address) 1534 E. Baltimore St.

AUG 14 1934

20. FILED ..... 19 ..... Huntington Hillsboro, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13/34. 19

22. I HEREBY CERTIFY, That I attended deceased from May 31. 1934. to August 13. 1934

I last saw her alive on August 13. 1934. Death is said to have occurred on the date stated above, at 1:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cardiac Hypertrophy & Dilatation	
Chronic nephritis	
Cardiac insufficiency	
~~Other contributory causes of importance~~:	
Chronic nephritis	
Bronchial pneumonia	
Terminal	

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul M. Legg M. D.

(Address) Sinai Hospital

N. B. — Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. ....

M. D. B 12

F 03992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03992

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Baker

(a) Residence: No. 418 East St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs Anna Smith

(Address) 3412 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Aug 15 — 34

19. UNDERTAKER Wenstal E Stansbureys

(Address) 501 N Broadway

[illegible] Aug 14 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mercurial Poisoning	Aug. 12
Other contributory causes of importance: Swallowed handfuls of mercury tablets	

Name of operation ..... Date of Aug 13.

What test confirmed diagnosis? Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Aug 13 1934

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury swallowed handfuls of Mercury

Nature of injury acute mercurial poisoning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D.

Coroner

(Address) 16 So Broadway

Instructions: Fill in all items carefully and completely. Any space not applicable should be marked "None." PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 03993

F 03993

2888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 154

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-21 Ward)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvanus Johnson

(a) Residence: No. Eltridge Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/14/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sylvanus Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug. 14. 1934

19. UNDERTAKER Chas O. Wilson
(Address) 1000 Brantley avenue

20. FILED AUG 14 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1934 to Aug 11 1934

I last saw h[illegible] alive on Aug 11 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staph. Osteomyelitis	8/3
Bacteremia	8/9
Multiple bone, lung, kidney abscess	8/6-11
Peritonitis, Pericarditis, Pleurisy	8/9
Acute Bacterial Myocarditis	8/9-11

Other contributory causes of importance

None

Name of operation Abscess opened Date of 8/9/34

What test confirmed diagnosis Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Woodbridge Eliason M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 03994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03994

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE (No. 1000 Caton Ave. St., 4-th (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Sarah Hagan

(a) Residence: No. 2717 Tivola Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75 yr.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard Hagan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McKenna

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Aug 16, 1934

19. UNDERTAKER John J. Moran
(Address) 1300 E. Baltimore St.

Rec'd FILED ..... 19 .....

AUG 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to August 13th 1934
I last saw her alive on August 12th 1934 Death is said to have occurred on the date stated above, at 7.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Other contributory causes of importance:	
Cerebral Hemorrhage	Aug 3 1934

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Kenneth J. Cahill M. D.

(Address) 6 of Governeur Apts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be made in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03995

CERTIFICATE OF DEATH

(Spaulding) V 97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3302 Spaulden Ave (Spaulding) Ward)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Kalter

(a) Residence: No. 3302 Spaulden Ave (Spaulding) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Kalter

6. DATE OF BIRTH (month, day, year) Oct 27 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	17th	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John. Kalter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kamm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chas. J. M. Kalter.

(Address) 3821 Hague and Ave

18. BURIAL, CREMATION, OR REMOVAL

London Pk. Date 8 - 16th 1934

19. UNDERTAKER Mrs Chas A. S. Rohde Ave.

(Address) 2327 Edmondson Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to Aug 13th 1934

that ~~he~~ she was alive on Aug 13th 1934 Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	unknown

Other contributory causes of importance:

Senility	—

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Lurz M. D.

(Address) 4936 Old Frederick Rd

AUG 14 1934

N. B.—WRITE PLAINLY, with pen and ink. Do not abbreviate. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-19-28—L. F. S.—500 Bks.

F 03996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03996

CERTIFICATE OF DEATH

V 34

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 664 W Fairmont Ave (ST.) 17-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lottie Washington

(a) RESIDENCE NO. 664 W Fairmont Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widowed

5a If married, widowed, or divorced (or) WIFE of Lewis Washington

6 DATE OF BIRTH (month, day, and year) 10-13 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fredericksburg Va

PARENTS

10 NAME OF FATHER Lewis Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lottie Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredericksburg Md

14 Informant: Sadie Tyler Ryder

(Address) 680 W. Saratoga St

15 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Aug 13, 1934, that I last saw her alive on Aug 12, 1934, and that death occurred, on the date stated above, at 7:20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sup. acute Bronchopneumonia

Nephritis chron (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Lombardy M. D.

8/13/34 (Address) 514 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: 8/16 1934

20 UNDERTAKER: Chas. H. Cooper

ADDRESS: 514 N Carrollton St

AUG 14 1934

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 03997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03997

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 42-01 Ward)

Length of residence in city or town where death occurred 58 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mrs. Mary E. Lewis

(a) Residence: No. 326 E. 22nd St. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of Mr. Lewis, John V.

6. DATE OF BIRTH (month, day, year): May 10-1876

7. AGE: Years 58 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Michael Maher

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Julia ___ Maher

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John V. Lewis

(Address): 326 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery 8/16, 1934

19. UNDERTAKER: Henry W. Myers & Son

(Address): 805 N. Eutaw St.

Filed: AUG 15 1934

Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 12, 1934

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Aug 12, 1934

I last saw h[illegible] alive on Aug 12, 1934. Death is said to have occurred on the date stated above, at 11:58 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	?
Arteriosclerosis	?
Other contributory causes of importance:	
Bronchopneumonia	4 Days

Name of operation: / Date of: No

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. P. 1268-9. WRITE plainly. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be made in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. F. 1265-9

F 03998

HEALTH DEPARTMENT—CITY OF BALTIMORE

18860
18398

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Grove

(a) Residence: No. Frederick Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mrs. Katie

6. DATE OF BIRTH (month, day, year) 6/5/62

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lime Mfr. 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Licensed

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Frederick Md. Date 8/14/1934

19. UNDERTAKER C. E. Chestnut Son
(Address) Frederick Md.

Filed AUG 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20. 1934 to Aug 14 1934

I last saw him alive on Aug 14 1934 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacteremia	7-30-34
Uremia.	7-27-34

Other contributory causes of importance:

Focal pneumonia	8-9-34

Name of operation Perineal Prostatectomy Date of 7-27-34

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 15 1934

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 03999

210-001

03999

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospitals St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Pasko

(a) RESIDENCE NO. 806 S. Lakewood Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
March 5, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Pasko

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Krawczyk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mother

(Address) 806 S. Lakewood

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 193
August 13, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Chest.
Internal Injuries

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

(Signed) Joseph Peterson, M. D.
(Coroner)

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death. yrs.. mos.,. ds. In the State yrs.. mos.. d.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus Cem Aug 16 1934

20 UNDERTAKER — ADDRESS

John M Weber 401 S. Chester

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 15 1934

M. D. B 1268-9

F - 4000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40 (M)

F 4000

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 342-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Walter C. Dale

(a) Residence: No. 2005 Maryland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~, or divorced HUSBAND of ~~or WIFE of~~ Stella Dale

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Stella Krell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Arnold Funeral Home

(Address) Lebanon Penna

18. ~~Burial, Cremation~~ Interment Cedar Hill Cemetery

Place Lebanon Pa Date Aug 14th 1934

19. UNDERTAKER Mrs Cook

(Address) 217 St Paul St

Filed AUG 15 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on about 19.... Death is said to have occurred on the date stated above, at 1.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Morrissey M. D.

Coroner

(Address) 3632 Roland Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

F 04001

F 04001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Grey

(a) Residence: No. 2723 Westwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of George E. Grey

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Christopher Swann.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Matilda Dewen

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 15 - 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19a. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 1934, to Aug 12 1934.

I last saw h.e.r. alive on Aug 12 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous ulcers	6-27-34
carcinoma of cervix	
Septicaemia Septicaemia	8.6.34

Other contributory causes of importance:

Name of operation Hysterectomy & Salpingectomy Date of 6/27/34

What test confirmed diagnosis? Was there an autopsy? Yes?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

In 3 1934

M. D. B 1268-9

F-04002 HEALTH DEPARTMENT—CITY OF BALTIMORE B 4002

CERTIFICATE OF DEATH

174

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hospital 10-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Jones
(a) Residence No. 1413 Barnes St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Jones

6. DATE OF BIRTH (month, day, year) Sept 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown Va

17. INFORMANT Sarah Jones
(Address) 1413 Barnes St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 8-15 1934

19. UNDERTAKER Belsontramic & Wright
(Address) 1211 Mc Elderry St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Death is said to have occurred on the date stated above. 12 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Hemorrhage & Softening Cortex & Lung	August 11-34

Other contributory causes of importance:

Stomach	August 12-34
Surgical	August 14-34

Name of operation Surgical Date

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury August 12 1934
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home - 1413 Barnes St
Manner of injury Slip Fell Struck Floor
Nature of injury Hemorrhage Softening Cortex & Lung

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D.
Coroner
(Address) 1620 Arcadia

OCCUPATION is very important. See instructions on back of certificate.

F 04003

M. D. B. 1468-9 04003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 W Barre St. 21-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Vincent Augaitis

(a) Residence: No. 1019 W. Barre St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANNA Augaitis

6. DATE OF BIRTH (month, day, year) NO 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Father Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT (Address) Josephine Augaitis 1019 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date aug. 16, 1934

19. UNDERTAKER (Address) John Grebliunas 423 S Paca st.

20. FILED AUG 15 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1934 to Aug 13 1934

I last saw ~~him~~ alive on Aug 13 1934. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1 yr ago
Other contributory causes of importance: Cerebral Embolism	1 day

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Gladowsky, M. D.

(Address) 647 Washington

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

F 04004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04004

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Brooks

(a) Residence: No. 111 E. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nannie Brooks

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Joseph Brooks

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nellie Mills

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address) Mercy

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 16 1934

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1129 N. Caroline

AUG 15 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1934 to Aug 12 1934

I last saw him alive on Aug 12 1934 Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver Esophagus	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Emmett T. Rd. M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement on OCCUPATION is very important. See instructions on back of certificate.

F 04005

M. D. P. 1268-9

28600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-G (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Morant

(a) Residence: No. 931 N Wolfe St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 9/8/09

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Henry Davis

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Harriet Terry

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Friends JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Honey Hill, S. C. Date Aug 15 1934

19. UNDERTAKER Bro. R. A. Eckhardt

(Address) 1129 N. Carolina

20. FILED ..... 19 ..... Registrar.

AUG 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1934 to August 11, 1934

I last saw her alive on August 11, 1934 Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

Abdominal Mass due to Sero-purulent Abscess

Or Etiology Unknown

Date of onset 8-11-34 prob

Other contributory causes of importance:

Post operative Convalescence from Sacro-iliac fusion Circulatory Collapse.

Name of operation Sacro-iliac fusion Rt. Date of 8-6-34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morley Bradford Shaw, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-9

F 04006

✓ F 04006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Esplanade Apts. St. 13-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham F. Miller

(a) Residence: No. Esplanade Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Kahn Miller

6. DATE OF BIRTH (month, day, year) Aug. 13, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Henrietta Frank

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. A.F.Miller
(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto.Hebrew Cem Date Aug. 16 34

19. UNDERTAKER David Southern & Son
(Address) 1902 Eutaw Place

FILED ..... 19 .....
Registrar.

AUG 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1934 to Aug. 14, 1934

I last saw h alive on Aug. 14, 1934. Death is said to have occurred on the date stated above, at 1.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - Pulmonary -	1931

Other contributory causes of importance:

Angina Pectoris	Nov. 11 1930

Name of operation No Date of -

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓ 19

Where did Injury occur? ✓
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry W. Hetzky M. D.

(Address) 1023 N. Calvert St.

State CAUSE OF DEATH in plain words, using no abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04007

F 04007

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Archer St., 21-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 4 mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Savoy -

(a) Residence: No. 618 archer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel Savoy -

6. DATE OF BIRTH (month, day, year) — 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	-	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland -

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rosetta Hall (Address) 618 archer St

18. BURIAL, CREMATION, OR REMOVAL Place Natural Ct Date 8/15 19 34

19. UNDERTAKER Isaiah L Brown Son (Address) 1200 W Baltimore St

AUG 15 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1934 to 8/12, 1934

I last saw her alive on 8/12, 1934 Death is said to have occurred on the date stated above, at 9-15 a. m.

The principal cause of death and related causes of importance were as follows:

Trauma on 3 days
Chronic nephritis -
Uterine fibroma

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Frankel, M. D.

(Address) 1222 Eden

STATE CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 F 04008

F 04008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Goes

(a) Residence: No. 1624 Fmosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva Goes

6. DATE OF BIRTH (month, day, year) Feb 14 74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon (bar)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Robert Goes Sr

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Sallie ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Lena Lancaster

(Address) 1734 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 8/15 34 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED AUG 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1934, to August 11, 1934

I last saw him alive on August 11, 1934 Death is said to have occurred on the date stated above, at 2.45 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset

Acute Pulmonary Edema

Cardiac Failure.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Goodland M. D.

(Address) University Hospital, City.

State CAUSE OF DEATH in plain words, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 04009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04009

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1603 Mc Elderry St St. 7-01 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wagner

(a) Residence: No. 1603 Mc Elderry st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Wagner

6. DATE OF BIRTH (month, day, year) July 10th 1851

7. AGE: Years 80 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Charles Zimmerman
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: ? Shimerbach
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Charles E Wagner 1603 Mc Elderry st

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 16, 1934

19. UNDERTAKER
(Address) [illegible] 2004 Orleans St

AUG 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28 1934 to Aug 14 1934

I last saw him alive on 10.30 a m Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Paralysis — Date of onset 7-28-34

Other contributory causes of importance: cmia — 8-12-34

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred Segal M. D.

(Address) 704 N Broadway

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

VS 3

M. D. B. No. E-04010 F 04010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54-005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 North Broadway St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET M. McINTYRE

(a) Residence: No. 1806 North Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of :::::

6. DATE OF BIRTH (month, day, year) Feb, 22, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward McIntyre

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katherine T. Moan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Miss Marie C. McIntyre
(Address) 1806 North Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Aug. 16, 1934

19. UNDERTAKER Chas F. Traue & Son
(Address) 4 W. Mt. Royal Ave

AUG 15 1934

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934 to August 14, 1934
I last saw her alive on August 13, 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	8-7-34
Gangrene of left breast	8-7-34
Myxofibroma of left breast	1914.
Other contributory causes of importance:	
Aortic regurgitation.	1930

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Louis Siegerold, M. D.

(Address) 613 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 04011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04011

CERTIFICATE OF DEATH

V47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Guilford Avenue St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Shea

(a) Residence: No. 2812 Guilford Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Shea

6. DATE OF BIRTH (month, day, year) Mar. 23, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Maryland

FATHER

13. NAME Edward Fitzgerald

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Johanna Buckley

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Miss Josie M. Shea

(Address) 2812 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 8/16 1934

19. UNDERTAKER Henry C. Dieckmann Son

(Address) 409 N. Eutaw St.

AUG 15 1934 , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1929 to Aug. 13, 1934

I last saw her alive on Aug. 13, 1934. Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of naso-pharynx	appx. 3 mo
Other contributory causes of importance: Uremia, Myocardial Failure	? 1 wk

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Brogman, M. D.

(Address) 2340 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. Rec'd 04012

F 04012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Oscar

(a) Residence: No. 826 Tessier st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 140

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month, year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Dick Oscar

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Peggy Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Aug 15 1934

19. UNDERTAKER [illegible] Bank.

(Address)

AUG 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1934 to Aug. 8 1934

I last saw him alive on August 8 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lem H. Feldman M. D.

(Address) Baltimore City Hospitals

BE CAUSE OF DEATH in plain terms. Indefinite or unknown terms may delay burial. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04013

CERTIFICATE OF DEATH

V 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 18 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Leroy Jones

(a) Residence: No. 13 N. Amity St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept 1, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elaine Warfield

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alfred Jones (Stepbrother)
(Address) 13 N. Amity St

18. BURIAL, CREMATION, OR REMOVAL

Place Universal, Md Date Aug 15, 1934

19. UNDERTAKER Barnes
(Address) Fairmount Ave

FILED AUG 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lacerated right Auricular artery Hemorrhage	8/4/34
Other contributory causes of importance: Automobile Accident	✓

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/4/34

Where did injury occur? Lombard & Stockton Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Accident

Manner of injury Auto he was driving

Nature of injury Skull with a tree

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) Joseph Peterson Coroner M. D.

(Address) 2200 E Madison St

AUG 5 1934

M. D. B. 1200-a

F 04614

M

F 04014

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Wm Chase

(a) Residence: No. 1417 Carroll St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Chase

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Duvall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Chase (Sister-in-law)
(Address) 1417 Carroll St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 1934

19. UNDERTAKER Beck
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Fractured Base of Skull

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury July 19, 1934
Where did injury occur? Fayette nr. Monroe (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while walking across street
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph O'Leary, M. D. Coroner
(Address) 2202 E. Madison St.

M. D. P. 1269-9

F 04015

F 04015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20-01 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Grosecup

(a) Residence: No. 3063 763 Stafford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Monument City Mem Date Aug 15, 1934

19. UNDERTAKER
(Address)

AUG 15 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Zeller M. D.
Coroner

(Address) 3763 E. Baltimore

M. H. B. 1248 F-04016 F 04016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Wicklow Rd St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa or Rose Quinn

(a) Residence: No. 632 Wicklow Rd St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Luke Quinn

6. DATE OF BIRTH (month, day, year) Jan. 5. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michel De Lacy

14. BIRTHPLACE (City or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Quinn(son)
(Address) 632 Wicklow Rd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 16. 1934

19. UNDERTAKER Lilly + Zeiler Inc.
(Address) 703 S. Wolfe St.

AUG 15 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to Aug 13 . 1934

I last saw her alive on Aug 13 . 1934 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Yrs

Other contributory causes of importance:

Chronic Interstitial Nephritis	Yrs

Name of operation Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. E. Tally M. D.

(Address) 3517 Edmondson

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 04017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04017

✓165

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Edwards.(C)

(a) Residence: No. 619 Gilbert St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 20,1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

MOTHER FATHER

13. NAME George Suggs.(C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Carrie Watkins.(C)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Carrie Watkins (C)mother.

(Address) 619 Gilbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Allwy cemetry Date aug 15 1934

19. UNDERTAKER Edw. Bryry

(Address) 1691 orleans st

FILED AUG 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9,1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12.10 m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 8/9/34 19.....

Where did injury occur? Baltimore City Jail (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore City Jail

Manner of injury Hanging.

Nature of injury Hanging.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.

8/15/34 (Address) 1017 E. Charles st. Coroner

M. D. R. 1268-9

F 04018

HEALTH DEPARTMENT—CITY OF BALTIMORE

04018 5 7 6 8

CERTIFICATE OF DEATH

√ x 46

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Romecke

(a) Residence: No. Upperco St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Romecke

6. DATE OF BIRTH (month, day, year) 6-23-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Gill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Johns Hopkins Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Aug 16, 1934

19. UNDERTAKER Edw C Taylor (Address) Hampstead Md

Hamilton Williams, Reg.

AUG 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to Aug 14, 19..

I last saw h.e.r. alive on Aug 14, 1934. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	6 months
Pelvic peritonitis from erosion of carcinoma rectum	3 days

Other contributory causes of importance:

Name of operation Colostomy Date of 8-7-34

What test confirmed Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Geil, M. D.

(Address) The Johns Hopkins Hospital

See instructions on back of certificate.

OCCUPATION is very important.

M. D. B. 1268-9

04019

F 04019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Sterett St. 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Melvin Hardy

(a) Residence: No. 1015 Sterett St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) Aug. 14, 1934

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Melvin Hardy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Laurie Poyner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Laurie Hardy
(Address) 1015 Sterett St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Aug. 15, 1934

19. UNDERTAKER Stoef & B Cook
(Address) 1003 W. Baltimore St.

Aug 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14/1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1934 to Aug. 14, 1934

I last saw him alive on Aug. 14, 1934. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Baby	
Prematurity	
34 W/C's.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) J. E. Savage M. D.

(Address) Coroner's Office.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

F 04020

F 04020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Woodrow Apt. 30th & Guilford

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 12-01 WARD)

2-FULL NAME Harry Warner Krebs

(a) RESIDENCE NO. Woodrow Apt 30th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Lee Krebs

6 DATE OF BIRTH (month, day, and year) 24 5 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Jr.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob E. Krebs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rachel Mund

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Cora Lee Krebs

(Address) 300 E. 31st St.

15 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH 8/14/34

16 DATE OF DEATH (month, day, and year) ~~June 12~~ Aug. 14, 1934

17 I HEREBY CERTIFY, That I attended deceased from June 12. 1934. to August 14. 1934.

that I last saw him alive on Aug 14. 1934.

and that death occurred, on the date stated above, at 5:55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the lung

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray Examination

(Signed) Travis B. Hembree M. D.

Aug 14. 1934 (Address) 300 E 31st St. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount — DATE OF BURIAL Aug 16 1934

20 UNDERTAKER John O. Mitchell Sons — ADDRESS 1900 Eutaw Place

TION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 04021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04021

118

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital (If not in hospital, give ward)

Registered No. 23-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 24 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel F. Lovett.

(a) Residence: No. 1602 Marshall St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of Mary E. Lovett.

6. DATE OF BIRTH (month, day, year) January 21, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ratchman, 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fort Mc. Henry.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Lovett.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Myers.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary E. Lovett. (wife)
(Address) 1602 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Aug. 18, 1934

19. UNDERTAKER George L. Schnaul.
(Address) 701 Frederick Ave.

AUG 15 1934

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Gastritis,	
Acute dilotation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) Otto Mettinbrandt Coroner, M. D.

8/15/34 (Address) 1017 E. Charles St.

F 04022

M. D. R. 1268-9

F 04022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Parkside Drive 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna May Harting

(a) Residence: No. 3700 Parkside Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles Harting

6. DATE OF BIRTH (month, day, year) Dec 29, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 29, 1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James H. Ballinger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lottie Lee Patchley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles Harting

(Address) 3700 Parkside Drive.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 23, 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Registrar

AUG 16 1934 Huntingtown Pikesville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 34

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1934. to Aug. 15, 1934.

I last saw ... alive on Aug. 15, 1934. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Pericarditis — Date of onset 44

Other contributory causes of importance:

Acute Nephritis.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Howard Forsythe, M. D.

(Address) 424 [redacted]

OCCUPATION is very important. See instructions on back of certificate.

M. F. B. (1924) F 04023 ✓ F 04023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N Curley St., 7-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Gaffney

(a) Residence: No. 703 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary Gaffney

6. DATE OF BIRTH (month, day, year) Dec 14 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 10 Yrs ago

11. Total time (years) spent in this occupation 006

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Gaffney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sidney Fox

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Gaffney
(Address) 703 N Curley

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 16 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED G 1 1934 Standing for Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 14 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2 1934 to AUG 14 1934

I last saw h alive on AUG 14 1934 Death is said to have occurred on the date stated above, at 11 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
B Stomach	1 Yr

Other contributory causes of importance:

Toxic Absorption	2 wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward E Cook M. D.

(Address) 4130 Hamilton Ave

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

Denial

F 04024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04024

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Dr. S. Marine Hospital (St. ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Matthew F. Derecal

(a) Residence: No. 315 Forrest St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Derecal

6. DATE OF BIRTH (month, day, and year): 1-2-87

7. AGE: Years: 47; Months: 7; Days: 11; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

040

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Matthew Derecal

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Berry

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Records Dr. S. Marine Hospital Beulah

18. BURIAL, CREMATION, OR REMOVAL: Place National cem. Date 8-17 1934

19. UNDERTAKER: Byron Thomas W. Wright (Address) 1218 McElderry St

FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 4.55 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic with Dilatation

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D. Coroner

(Address) 2632 Portland Ave

M. D. F. 1268-9

F 04025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04025

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 435 Somerset St., (5-A Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi Bouldin

(a) Residence: No. 435 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	~~Married~~ Widowed

3a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Samuel S Bouldin

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

MOTHER FATHER

13. NAME Phillip Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Caroline King

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter S. Gibson (son)
(Address) 435 Somerset st

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 8-17 . 1934

19. UNDERTAKER Bryson & Mamion H. Wright
(Address) 1218 McElderry St

20. FILED AUG 17 1934 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 . 1934 to Aug 14 . 1934

I last saw h[illegible] alive on Aug 14 1934 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Intestinal Nephritis.	Jan 1934
Other contributory causes of importance:	
Arteriosclerosis.	Jan 1934
Severe Secondary Anemia.	

Name of operation none Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. L. Young M. D.

(Address) 1429 E Monument st

M. D. B. F 04026 ✓ F 04026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 170 N Bethel St. 8-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lee C Shank Jr.

(a) Residence: No. 1707 N. Bethel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Shank

6. DATE OF BIRTH (month, day, year) May 14 84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia, Penna

FATHER

13. NAME Lee Shank

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Katie Shank

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Carrie Shank
(Address) 1707 N. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date 8/17/34. 19...

19. UNDERTAKER Leo E. Cook
(Address) 1723 N. Patterson Park Ave

20. FILED [illegible] 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1934.

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934. to August 15, 1934.

I last saw him alive on August 14, 1934. Death is said to have occurred on the date stated above, at 6:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	June 1928
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Name of operation None Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel D. Wolfe M. D.

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. D. 1268-8

04027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04027

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcella Lepso Wilkens

(a) Residence: No. 227 N. Bruce St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph W. Wilkens

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/17/34

19. UNDERTAKER A. Jones

(Address) 111 N. Gilmor

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) D. J. Bergen M.D., M. D.

Coroner

(Address) 1305 N. Patterson Park

16 1084

M. D. P. 1206

F 04028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04028

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 9-0! Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Suesse

(a) Residence: No. 1571 Fiesquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 1857 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Butcher) 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Augusta Gohns

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Date Aug 17 1934

19. UNDERTAKER George Schillinger & Sons
(Address) Monument & Fiesquith Sts

AUG 16 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to Aug. 17, 1934

I last saw h[illegible] alive on Aug 14 1934 Death is said to have occurred on the date stated above, at 5-50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Pleurisy, Chronic (Pneumococcus?)	?
Other contributory causes of Importance:	
	over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magiel, M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1948-9 F 04029 ✓ F 04029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 7-01 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Peter J. Butler
(a) Residence: No. 2321 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 12 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER
13. NAME Peter Butler
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER
15. MAIDEN NAME Emma Pavolny
16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Peter Butler
(Address) 2321 E Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 17 1934

19. UNDERTAKER Frank Grasberger Son
(Address) 1906 Eastern Ave

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14 1934

22. I HEREBY CERTIFY, That I attended deceased from August 6 1934 to August 14 1934
I last saw him alive on August 14 1934 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute appendicitis - ruptured	
2. Peritonitis	
3. Ileus	
4. Toxemia	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 8-6-34
What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) M. Wasserman M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

10 1934

M. D. P. 1268-9

E 94030

94030

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. Calvert at 33 St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Iredell Iglehart

(a) Residence: No. 200 Churchwarden Rd St., Homeland Balto

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice H Iglehart

6. DATE OF BIRTH (month, day, year) Mar 15 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive 0851

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME C Iredell Iglehart

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Ann Robinson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Deceased (Address) above

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Aug 17 1934

19. UNDERTAKER Henry H. Jenkins Sons Co

(Address) McCulloh & Eutaw Sts.

20. FILED ... 19... Registrar.

AUG 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-13 1934 to 8-15 1934

I last saw him alive on 8-15-34 1934 Death is said to have occurred on the date stated above, at 1055P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8-13-34
Pulmonary Embolism	8-15-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Ekg Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NONE Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

(OCCUPATION is very important. See INSTRUCTIONS on back of CERTIFICATE.)

M. D. B. 1268-A E 04031

E 04031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Christian St. 20-01 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy MC Govan

(a) Residence: No. 2109 Christian St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John MC Govan

6. DATE OF BIRTH (month, day, year) April 8th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Clark
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William H MC Govan
(Address) 2109 Christian St

18. BURIAL, CREMATION, OR REMOVAL
Place Bowlers Wall(Va Date Aug 16, 1934

19. UNDERTAKER Towell & Byas
(Address) 2624 Edmondson Ave

AUG 13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1934, to Aug 15, 1934.
I last saw her alive on August 9, 1934. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Cerebral arteriosclerosis	
Hemiplegia (Left)	4/9/34
Other contributory causes of importance:	
Bronchopneumonia	8/14/34

Name of operation None Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benjamin Miller, M. D.
(Address) to 30 Wilkens Ave

OCCUPATION is very important. Be specific. Do not use indefinite terms.

M. D. R. 1268-9

F 04032

F 04032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 43

Registered No. 16-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hundley

(a) Residence: No. 1010 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Hundley

6. DATE OF BIRTH (month, day, year) Sept 2, [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Ft. Auburn Cem. Date Aug-19, 1934

19. UNDERTAKER Fernand P. Hundley (Address) 818 Dumbarton Ave. Baltimore, Md.

AUG 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to Aug. 14, 1934

I last saw deceased alive on August 14, 1934 Death is said to have occurred on the date stated above, at 9-45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Actinomycosis of jaw	? ?
Meningitis, actinomycotic	4 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagan, M. D.

(Address) Balt City Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

F 04033

HEALTH DEPARTMENT—CITY OF BALTIMORE

04033

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 15704

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Tobickmon

(a) Residence: No. 1724 N. Smallwood Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Tobickmon

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Tobickmon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 8/16/34

19. UNDERTAKER Fort Lane Inc (Address) 1439 E. Baltimore St.

20. FILED Aug 16 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934 to Aug 15, 1934 That I last saw him alive on Aug 15, 1934 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis & Tuberculosis Colon Ascendens (Acute Gangrenous) Empyema Unknown	January

Other contributory causes of importance: Ileus - paralytic 8/14/34

Name of operation Exp. Laparotomy Date of 8/14/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H. Gross, M. D.

(Address) Balto City Hospitals

M. H. B. 1268-9

F 04034

04034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Ellerslie Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary McQuade

(a) Residence: No. 3320 Ellerslie Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Sept. 1855.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ODS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Holland

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Anna Kluter
(Address) 3320 Ellerslie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburg, Pa. Date Aug. 16, 19 34

19. UNDERTAKER David Sondheim & Son
1902 Eutaw Place.

20. FILED AUG 17 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934, to August 15, 1934

I last saw her alive on August 15, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	not known
Chronic myocarditis	not known
Myocardial failure	8/15/34

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Edel, M. D.

2806 Garrison Blvd Baltimore Md.
(Address)

M. D. P. 1268-0

E 04035

HEALTH DEPARTMENT—CITY OF BALTIMORE

04035

CERTIFICATE OF DEATH

V107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-61 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME John Karowski

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Oct. 2, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58. 59	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Rosanna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Date 8/17, 34

19. UNDERTAKER J. J. Fahey Funeral Home (Address) 1318 East Fort Ave

20. FILED Aug 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928 to Aug. 17, 1934

I last saw him alive on Aug 14, 1934 Death is said to have occurred on the date stated above, at 1:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Chronic Bronchitis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phaneuf, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

04036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04036

CERTIFICATE OF DEATH

X 122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 24-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Poole Fries

(a) Residence: No. GlenBurnie Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 3, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elmhurst A.A.Co., Md.

FATHER

13. NAME Basil Fries

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elsie A. Poole

16. BIRTHPLACE (city or town) (State or country) Woodbine, Carroll Co., Md.

17. INFORMANT C. W. Poole

(Address) Quarterfield Rd. A.A.Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Aug. 16, 19 34

19. UNDERTAKER John J. Gallagher

(Address) 716 Light St.

Filed Aug 16 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1934 to August 15, 1934

I last saw him alive on August 13, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
due to intussusception.
Intestinal Toxemia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Wolfe M. D.

(Address) Smith Bros. Dem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1258-9

04037 E 04037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Dix

(a) Residence: No. 1922 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug 10 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME James Dix

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Mary Szydlowski

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT James Dix
(Address) 1922 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary (Cem) Aug 17 1934

19. UNDERTAKER John M Welsh
(Address) 401 S. Chester St

Huntington Ave

AUG 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1934 to Aug 16th 1934

I last saw him alive on Aug 16th 1934. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	8/9/34
Acute Gastro-enteritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If ... (Signed) Daniel E. Boyarsky M.D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. F. B. F 04038

F 04038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp St. (Ward)

Length of residence in city or town where death occurred yrs. mos. 76 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Merton Dr.

(a) Residence: No. Washington, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 20 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County, Md.

FATHER

13. NAME George W. Merton

14. BIRTHPLACE (city or town) (State or country) Harford County, Md.

MOTHER

15. MAIDEN NAME Emma Grist

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dublin Cem Har Co Date Aug 19 1934

19. UNDERTAKER C. A. Harle (Address) 1000 S. Paca St

20. FILED AUG 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to Aug 16 1934

I last saw h[illegible] alive on Aug 16 1934. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-20-34
Pulmonary Edema	8-16-34

Other contributory causes of importance: Myocardial failure.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) H. C. Proctor M. D.

(Address) Md Gen Hospital.

G 17 1934

M. D. B. 1258-9

F 04039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04039

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 672 W. Lexington St., St., 4-91 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Rose

(a) Residence: No. 672 W. Lexington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses Rose

6. DATE OF BIRTH (month, day, year) July 2, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Seligman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Moses Rose
(Address) 672 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem. Date Aug. 17 1934

19. UNDERTAKER David Lindheim's Son
(Address) 1902 Eutaw Place

FILED 19 ... Registrar

G171034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Aug 15 1934

I last saw her alive on Aug 15 1934. Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?

Other contributory causes of importance:

Chr Myocarditis with myocardial degeneration + auricular fibrillation	7/34

Name of operation ..... Date of .....

What test confirmed diagnosis? From Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. P. Rosenau M. D.

(Address) 2623 Washington Blvd.

M. D. 126

F 04040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04040

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Delius

(a) Residence: No. 2150 Wiconisco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah (Dead)

6. DATE OF BIRTH (month, day, year) Oct. 26, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Charlotte Tunsing

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Bal. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Date 8/18, 1934

19. UNDERTAKER Harry G. Whittle (Address) 1811 Edmondson Ave.

Filed AUG 17 1934 Registrar

S 171934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to Aug. 16, 1934. Last saw him alive on Aug 16, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	2 mo?
& congestive failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagan, M. D.

(Address) Bal. City Hosp

M. D. B 1268-9

F 04041

F 04041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V163

Registered No. 1491

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Myrtle A. Holmes.

(a) Residence: No. 901 N. Calvert St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced.

5a. If ~~married, widowed~~ or divorced HUSBAND of ~~WIFE of~~ Clifford Shives.

6. DATE OF BIRTH (month, day, year) July 7, 1907

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	27	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkins, W. Va.

FATHER

13. NAME Richard W. Holmes.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nellie J. Malone.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Nellie J. Dove. (mother)

(Address) Colfax, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 16 1934

19. UNDERTAKER Chas. F. Stabler

(Address) 1501 E. Fayette St.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.05 a. m.

The principal cause of death and related causes of importance were as follows:

Bichloride of mercury poisoning

Uraemia.

Suicide.

Other contributory causes of importance:

Date of onset

Name of operation None. Date of

What test confirmed diagnosis? Autopsy & inquiry. Was there an autopsy? Hospital

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide. Date of injury 7/28/34 19.....

Where did injury occur? (Specify city or town, county, and State) In Taxi.

Specify whether injury occurred in industry, in home, or in public place In Taxi.

Manner of injury Poisoning.

Nature of injury Bichloride of Mercury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Heinhardt M. D. Coroner

(Address) 1017 E. Charles St.

8/15/34

Spec—9-30—A & Co.—250 Bks

F 04042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 04042

72

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 E. Eager St. 8-01 Ward)

2. FULL NAME Clyde Woolfolk Jr.

(a) RESIDENCE NO. 1930 E. Eager St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/15/22

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover Co Va

PARENTS

10 NAME OF FATHER Clyde Woolfolk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Willie Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Clyde Woolfolk
(Address) 1930 E. Eager St

15 Filed AUG 17 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15-34

17 I HEREBY CERTIFY, That I attended deceased from 8/14, 1934, to Aug 15, 1934, that I last saw h im alive on 8/15, 1934, and that death occurred, on the date stated above, at 6.27 a.m.

The CAUSE OF DEATH* was as follows:

Lymph adenoma

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 3 days

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Payne Thomas M. D.

, 19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 8-18 1934

20 UNDERTAKER Bryson & Mamie W. Wright

ADDRESS 1428 McElderry St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

F 04043 ✓ F 04043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 258 - S. Bethel St 3-01 WARD)

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rosa Jackson

(a) RESIDENCE No 258 - S. Bethel St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 74. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Wife of

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rochester County Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rochester County

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rochester County

14 Interment (Address): Wendell J Dippel 310 S Eden St.

15 FILED: 1 7 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15-34

17

I HEREBY CERTIFY, That I attended deceased from 8-13-, 1934, to 8-15-, 1934

that I last saw h alive on 8-15-, 1934

and that death occurred, on the date stated above, at 8,20 P m.

The CAUSE OF DEATH* was as follows:

Valvulites

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Intestinal Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. H. Cargile M. D.

5 16-1934 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. DATE OF BURIAL: 5/18 1934

20 UNDERTAKER: Wendell J Dippel ADDRESS: 310 S Eden St

M. D. B. 1208-9 F 04044

F 04044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8042 Central Av St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Watkins

(a) Residence: No. 8042 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Watkins

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Bush

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dora Watkins

(Address) 8042 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8-19- 1934

19. UNDERTAKER Robert Marie Jr. Knight

(Address) 1200 N Caldery St

20. FILED AUG 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Aug 15 1934

I last saw h alive on Aug 15 1934 Death is said to have occurred on the date stated above, at 6:10 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5 Days
Hypertension	

Other contributory causes of Importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 8/16/34 If so, specify

(Signed) J Edward Fisher M. D.

(Address) 1612 E Monument

OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. B. 1268-9

F 04045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 25

CITY OF BALTIMORE: (No. ..... St., 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Gregory

(a) Residence: No. 1068 Eden St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year): May 21, 1917

7. AGE: Years 17 | Months 2 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ———
10. Date deceased last worked at this occupation (month and year): ———
11. Total time (years) spent in this occupation: ———

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Jones Gregory
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Alice Robertson
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date 8/17, 193[illegible]

19. UNDERTAKER: Mrs. Peter R. Williams
(Address) 332 N. Schroeder St.

20. FILED ... 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934 to Aug 15, 1934
I last saw him alive on Aug 12, 1934 Death is said to have occurred on the date stated above, at 2:30 AM.

The principal cause of death and related causes of importance were as follows:
Uremia, acute, Nephritis, Chronic, Peritonitis, fulminating — Date of onset 8/6/34

Other contributory causes of importance:
Tuberculosis, pulmonary bilateral & Cavitation?

Name of operation: Appendectomy Date of 8/8/34
What test confirmed diagnosis: Aspir Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H. Gorsuch, M. D.
(Address) Balto. City Hosp.

M. D. P. 1268-9

04046

F 04046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N Lakewood Ave. 7-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Ayres

(a) Residence: No. 530 N Lakewood Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 16, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Ayres

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Irma M. Moor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William Ayres
(Address) 530 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Aug. 17 1934

19. UNDERTAKER L. Sander Sons Inc
(Address) 1710 Pe

AUG 17 1934

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to prolonged labor	1 hour

Other contributory causes of importance:

None - no doctor attendance at birth

Name of operation Surgery Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jack L. Valentine M.D.
Coroner
(Address) 16 50 Brooklyn

M. D. H. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04047

CERTIFICATE OF DEATH

160-002

Registered No. F 04047

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N Lakewood Ave St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? Life mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME Baby Ayres

(a) Residence: No. 530 N Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 16, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William E Ayres

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Erma M Noon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William E Ayres
(Address) 530 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Aug 17, 1934

19. UNDERTAKER L Lawlor Sons Inc.
(Address) 1710 East 22

20. AUG 17 1934 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to prolonged stem Births	Aug 16

Other contributory causes of importance:

None — no doctor attendence at birth

Name of operation Injury Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Broadway

M. D. R. 1931-7 F 04048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04048

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1000 N. Mount St. (or) 16-a Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robt Jones

(a) Residence: No. 649 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1905

7. AGE: Years 29 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 074

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Mulroon

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Mulroon

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Roland Jones

(Address): 243 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Aug 18 1934

19. UNDERTAKER: A. Jones

(Address): 111 S. Eutaw St

FILED: AUG 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19; I last saw him alive on Aug 13 1934; death occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Homicide — Pistol wound of heart & Liver.

Date of onset

Other contributory causes of importance:

Name of operation: (Autopsy) Date of

What test confirmed diagnosis: (Regular) Was an autopsy held?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Aug 13 1934

Where did injury occur? 1000 N. Mount
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: In

Manner of injury: Pistol wound

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) H. C. Lenk, M. D.

(Address) Coroner

M. D. P. 1[illegible] F 04049 ✓ F 04049

1890 HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irene Saunders

(a) Residence: No. 910 N. Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 3-7-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

FATHER

13. NAME Clarence Clark

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Rebecca Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Shelby N. Carolina Date Aug. 18- 34

19. UNDERTAKER Byron & Mamie W. Wright (Address) 1218 McElderry St

AUG 17 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934 to Aug 16, 1934

I last saw her alive on Aug 16, 1934 Death is said to have occurred on the date stated above, at 12 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema / Peritonitis, post Operative Intestinal obstruction, post-operative	8/13/34 8/13/34
	1930

Other contributory causes of importance: Pelvic abscess, Empyema Ileo-Cecal, Pyosalpinx, R.

Name of operation Exploratory Laparotomy, Drainage of pelvic abscess, Appendectomy Date of 8/13/34

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julia Hurst Berry M. D.

(Address) Johns Hopkins Hospital

M. D. B. 2068-B

F 04050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Govans Falls Pkway (St.) 15-01 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lucy A. Ammon
(a) Residence: No. Govans Falls Pkway & Dartland Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Wh	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L Ammon

6. DATE OF BIRTH (month, day, year) Dec 23 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER
13. NAME Herman Berg
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Kat Emmon
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John L. Ammon
(Address) Govans Falls Pkway

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Aug. 18 1934

19. UNDERTAKER Donald Tyler
(Address) 1610 W. North Ave

20. FILED AUG 17 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1933 to Aug 15th 1934
I last saw h. alive on Aug. 10th 1934. Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	7 Mo.
Other contributory causes of importance:	
Loss of Weight	2 Mo
Painless Ulcer	2 Mo

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.
(Address) 1610 W. North Ave

04051 **STATE OF MARYLAND—CERTIFICATE OF DEATH** F 04051

47

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore No. 229 N Caehorn St., St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jose Tarr

(a) Residence No. 229 N Caehorn St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Wh. E	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Cora Tarr

6. DATE OF BIRTH (month, day and year) Dec 5 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman 066

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Dry goods.

10. Date deceased last worked at this occupation (month and year) 7 yrs

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) Queen Anne

(State or country) Md.

FATHER

13. NAME Lou Tarr

14. BIRTHPLACE (city or town) Unknown

(State or country)

MOTHER

15. MAIDEN NAME Mehrma Ross

16. BIRTHPLACE (city or town) Unknown

(State or country)

17. INFORMANT Mrs Richard Tarr

(Address) Etkenton Md.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Aug 19 1934

19. UNDERTAKER Edw O. Mitchell & Sons

(Address) 1400 Eutaw Place

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 15th 1934

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 34 to Aug 15th 1934

I last saw him alive on Aug 15th 1934; death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma naso pharynx - Squamous cell type III	1 yr?
Other Contributory Causes of importance: Metastases - bronchus -	?

Name of operation Biopsy for diagnosis Date of April 34

What test confirmed diagnosis? Microscopic Section Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) Frederick O. Butler M. D.

(Address) Medical Arts Bldg - Md a

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. Rec'd F 04052 ✓ F 04052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Manhattan Ave. St., 27-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella James

(a) Residence: No. 2504 Manhattan Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas James

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Briscoe

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr. A. R. James

(Address) 2504 Manhattan Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Aug. 18, 34

19. UNDERTAKER John O. Mitchell & Sons,

(Address) 1900 Eutaw Place

Date of Death 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to Aug 17, 1934

I last saw her alive on Aug. 16, 1934 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (rectum)	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Amor L. Todd, M. D.

(Address) 735 S. Fulton ave.

M. D. F. 2068 F 04053

F 04053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore, Md. (Union Memorial Hosp) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-01 St., Ward)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Virginia

2. FULL NAME Miss Florence J. Daugher

(a) Residence: No. 413 Hollen Road, Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) August, 1934

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Lexington Ky.

FATHER

13. NAME John F. Baugher

14. BIRTHPLACE (city or town) (State or country) Emmittsburg, Md

MOTHER

15. MAIDEN NAME Evelyn Winchester

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Cyril W. Baugher
(Address) 905 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Aug 18th 1934

19. UNDERTAKER H. Truman Jones
(Address)

AUG 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1934, to 8-16, 1934

I last saw her alive on 8-15-34, 19 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction due to neoplasm of lower bowel. — Date of onset unknown Probably 1 year ago - 1933

Other contributory causes of importance:

Cardiac disease — 1915 (?)

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify:

(Signed) H. Allison, M. D.

(Address) Union Memorial Hosp

M. D. F 04054 ✓ F 04054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteer Harbor St., 15-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Stokes Wallett

(a) Residence: No. 3032 Gwynns Falls Pky St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Stokes Wallett

6. DATE OF BIRTH (month, day, year) Nov 27-1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Daniel Wallett

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Kate Adams

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Geo. W. Williams
(Address) 3032 Gwynns Falls Pky

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 17 1934

19. UNDERTAKER Wm. J. Rogers Jr's
(Address) Roland Pk

20. FILED ... 19 ... Registrar

AUG 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1926 to Aug 15 1934

I last saw h... alive on Aug 15 1934. Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate Gland	1929
Other contributory causes of importance:	
Uraemia	Aug 13

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. J. Comey M. D.

(Address) Vol. Hospital

M. D. P. 1268 F 04055

F 04055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3819 Juniper Rd St., 12th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Hazel McComas

(a) Residence: No. 3819 Juniper Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles McComas

6. DATE OF BIRTH (month, day, year) Oct. 2, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm Hazel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Bernard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Charles McComas
(Address) 3819 Juniper Road

18. BURIAL, CREMATION, OR REMOVAL

Place, Greenmount Date Aug 18 34

19. UNDERTAKER Wm. J. Gaither & Son
(Address) Washington Blvd & Fremont Ave

20. FILED Aug 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934 to Aug. 15, 1934

I last saw h.. alive on Aug. 14, 1934 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Arterio-Sclerosis, Chronic Nephritis, Hypertension	About 1½ yrs.

Other contributory causes of importance:

Terminal Pneumonia	Aug 12 34

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N. Charles St

M. H. B. 1933 F 04056

Dr. Turner 10-11-34 by

F 04056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Penna Ave St. 14-21 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Max Lipsky

(a) Residence: No. 1733 Penna Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosalie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cemetery Date 8/17/34

19. UNDERTAKER Carl Lewis Inc
(Address) 2100 Eutaw Place

20. FILED 8/17/1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17/34, 19

22. I HEREBY CERTIFY, That I attended deceased from July ..., 19 32, to August 17, 19 34.

I last saw him alive on August 17, 19 34. Death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease a) Coronary Thrombosis	
Other contributory causes of importance: Diabetes Mellitus	2 yr

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Lerner, M. D.

8/17/34 (Address) Medical Arts Bldg

M. D. R. 1268-9m F 04057

F 04037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 28-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Blaustein

(a) Residence: No. 4632 Reisterstown Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Maurice

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ruffer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Date 8/17/37 19

19. UNDERTAKER Jack Levin Son
(Address) 1439 E. Baltimore St.

20. FILED 8/17/37 Huntington Ave. Cemetery, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9 1937, to August 16 1937

I last saw him alive on August 16, 1937. Death is said to have occurred on the date stated above, at 4 P M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 yrs ago
Bronchopneumonia	8-14-37
Chronic cholecystitis with cholelithiasis	2-1-37

Other contributory causes of importance:

Jaundice preceding operation
Uremic Toxicity

Name of operation Cholecystectomy Date of 8-2-37

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Paul Wilson Spear, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 04058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04058

V 124-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp, St., 4-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bossie Winfrey.

(a) Residence: No. 219 Jasper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 1-1895

7. AGE: Years 38 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Bossie Winfrey

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Amy Ledy

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: John Winfrey

(Address): 739 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Crewe Va Date Aug 20 1924

19. UNDERTAKER: Joseph A. Sivel

(Address): 609 N. Mount Street

20. FILED Aug 20 1924

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 14 1924

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Aug 14 1924 Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hepatitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed d... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. O. Funk, M. D. Coroner

(Address) ...

M. D. B. 1268-9M F 04059 F 04059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2871 74 92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 21-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry T. Deckert

(a) Residence: No. 1012 Russell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia M.

6. DATE OF BIRTH (month, day, year): 3-27-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shaif & Dohme

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John C. Deckert

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Eliz Eisenhardt

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 18, 1934

19. UNDERTAKER Mrs. Wm. John W. Teufel & Son
(Address) 901 W. Fayette St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934 to Aug 15, 1934

I last saw him alive on Aug 15, 1934 Death is said to have occurred on the date stated above, at 10 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic rheumatic fever	1918
Rheumatic heart disease	1927
Mitral stenosis + insufficiency	
Aortic insufficiency Myocardial failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) R Carmichael Pilgrim, M. D.

(Address) Johns Hopkins Hospital

H. D. B 1268-9

F 04060

04060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 174

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Penitentiary. St. 22-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie Malton.(C)

(a) Residence: No. 107 Welcome Alley. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, WIFE of HUSBAND of Mattie Malton.(C)

7. DATE OF BIRTH (month, day, year) June 15, 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

13. NAME John Malton.(C)

14. BIRTHPLACE (city or town) (State or country) Missouri.

15. MAIDEN NAME Lou --------(C)

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMANT Mattie Malton.(C) wife.
(Address) 107 Welcome Al.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 8/18/34

19. UNDERTAKER Isaiah L Brown Co
(Address) 108 W Montgomery St

Filed 8/18/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage due to stab wound of Pulmonary Artery. Table knife. Homicide.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 8/13/34 19..

Where did injury occur? Maryland Penitentiary
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Maryland Penitentiary.

Manner of injury Stab wound.

Nature of injury Internal hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Prietzel M. D.
Coroner

8/15/34 (Address) 1017 E. Charles St.

M. D. B. 1268-9

F 04061

HEALTH DEPARTMENT—CITY OF BALTIMORE

04061

CERTIFICATE OF DEATH

√ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 McElderry St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tillie Hessler

(a) Residence: No. 3303 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed or divorced — HUSBAND of (or) WIFE of Frank A. Hessler

6. DATE OF BIRTH (month, day, year) Dec 17. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George M Werner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mina Werner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Minnie Hessler

(Address) 3218 McElderry

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 18 1934

19. UNDERTAKER William G. Schaffer

(Address) 1146 Monument St

Dec 18 1934 Henrietta Williams, Registrar.

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 — 1934 to Aug 15 1934

I last saw her alive on Aug 12 1934 Death is said to have occurred on the date stated above, at 2:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Aug 15	1934
arterial Hypertension	1yr
Other contributory causes of importance:	
Diabetes Mellitus	1 yr
Nephritis	1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F Kenney M. D.

(Address) 722 N. Kenwood Ave

M. D. B. 1268-9

E 04062

04062 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 346

CITY OF BALTIMORE: (No. 8-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Peppler

(a) Residence: No. 1834 N. Carlington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Husband

5a. If married, widowed or divorced, HUSBAND of (or WIFE of) Charles W. Peppler

6. DATE OF BIRTH (month, day, year) April 3, 1877

7. AGE: Years 57; Months 4; Days 12; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

FATHER

13. NAME Louis Fuhrmann

14. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Crem Date 8/18/34

19. UNDERTAKER Geo. A. Farley

(Address) Fallsway & Preston

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934 to Aug 15, 1934

I last saw h[illegible] alive on Aug 15, 1934 Death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Breast - Secondaries

Duration of disease

Other contributory causes of importance: Bronchopneumonia 8/15/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel K. Gordon M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-0

E 04063

04063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 158

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Brown

(a) Residence: No. 315 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Mr. Brown

14. BIRTHPLACE (city or town) (State or country) Mr. Brown

MOTHER

15. MAIDEN NAME Mr. Brown

16. BIRTHPLACE (city or town) (State or country) Mr. Brown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 17 19 34

19. UNDERTAKER

(Address)

20. FILED ..... 19.... Registrar.

0546

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14-34 19

22. I HEREBY CERTIFY, That I attended deceased from 8-11-34 19 to 8-14-34 19

I last saw him alive on 8-14-34 19 Death is said to have occurred on the date stated above, at 10 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Surgery Feeding

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Lyell Lyons M. D.

(Address) President Hospital

M. D. B. 1268-9

F/04064

04064

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Miranda Richardson

(a) Residence: No. 2617 N. Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Married Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Richardson

6. DATE OF BIRTH (month, day, year): July 10, 1864

7. AGE: 70 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George Wood.

14. BIRTHPLACE (city or town) (State or country): Md. Cecil Co

MOTHER

15. MAIDEN NAME: Susan Richards

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Elizabeth Ward 2979 W North ave

18. BURIAL, CREMATION, OR REMOVAL: Laurel Ridge Date Aug 20 1934

19. UNDERTAKER (Address): Chas O Mitchell & Sons 1910 Eutaw Place

20. FILED: Aug 21 1934 Registrar

171934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934, to Aug 17, 1934.

I last saw her alive on Aug 16, 1934. Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver with generalized metastasis.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. Smith M. D.

(Address) Mercy Hospital

M. D. B. 1268-0

F 04065

HEALTH DEPARTMENT—CITY OF BALTIMORE

04065

CERTIFICATE OF DEATH

X 131 V

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary V. Malone

(a) Residence: No. 1843 Columbia Rd. N. W. Wash. D.C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Malone

6. DATE OF BIRTH (month, day, year) Oct 25, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Parlor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 04

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Wheeler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Flynn

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Clara Trinty

(Address) 2300 W. Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 18, 1934

19. UNDERTAKER John F. Mader

(Address) 3002 E. Baltimore St

20. FILED 7 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Aug. 14, 1934

I last saw her alive on Aug. 14, 1934 Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	?
mutral stenosis	7-16-34
Congestive Heart failure	?
Chronic nephritis	

Other contributory causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G Pickel M. D.

(Address) St Agnes Hosp

I. D. B 1268-9

F 04066

04066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Patterson Park Ave & Eastern St., 6-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph A Kane

(a) Residence: No. 2312 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Raymond L Kane

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eva E. Szczniak

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Kane
(Address) 2312 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 20, 1934

19. UNDERTAKER John A Inman
(Address) 3000 E Baltimore St

FILED 7/17/1934 Washington Williams Reg. Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 AM P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Killed by lightning	
Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Aug 15, 1934

Where did injury occur? Patt Ave & Eastern Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by lightning

Nature of injury Killed by lightning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Nevins M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1268-9

F 04067

HEALTH DEPARTMENT—CITY OF BALTIMORE

04067

CERTIFICATE OF DEATH

✓ 72-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 E. 28th St., 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward G. Kamp

(a) Residence: No. 1932 E. 28th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna H. Kamp

6. DATE OF BIRTH (month, day, year) Mar. 19, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

MOTHER FATHER

13. NAME William F. Kamp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ottilie Dobler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edna H. Kamp (Wife)
(Address) 1932 E. 28th St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug 18, 16 19 34

19. UNDERTAKER John N. F. Denny
(Address) 715 Light St

FILED 8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-10-1934 to 8-16-1934

I last saw h alive on 8-15-1934 Death is said to have occurred on the date stated above, at 7:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	Jan 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo B Tyler M. D.

(Address) 2802 Hartford Rd

Spec.—1-12-23—M&T—500 Blks.

04068

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04068

CERTIFICATE OF DEATH.

95-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Fouse Road St. 27-01 WARD)

2-FULL NAME Anna Mahnedy Gilhart Tillman

(a) RESIDENCE NO. 26 Franklin St Annapolis, Md WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Hurly ds. How long in U. S., if of foreign birth? yrs. Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles N Tillman

6 DATE OF BIRTH (month, day, and year) November 22 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	87	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) housework

(c) Name of employer home

9 BIRTHPLACE (city or town) South River

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Wesley Gilhart

11 BIRTHPLACE OF FATHER (city or town) South River

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mahala Davidson

13 BIRTHPLACE OF MOTHER (city or town) Davidsons

(State or country) Maryland

14 Informant Elizabeth B. Turnbull

(Address) 210 South Ct. mt. Wash. Balto

15 Aug 18 1934 Hattie ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1934

17 I HEREBY CERTIFY, That I attended deceased from August 5, 1934 to August 17 1934

that I last saw h alive on August 17 1934

and that death occurred, on the date stated above, at 5 pm m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 5 years

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical Symptoms

(Signed) William J Todd, M. D.

, 19 (Address) 2217 Fouse Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL All Hallows

DATE OF BURIAL Aug 18 1934

UNDERTAKER A J Marshall 3539

ADDRESS Fallsway

M. D. P. 1268-9

F 04069

04069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5525 Gwynn Oak Ave Ward) 28-11

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen M. Brown

(a) Residence: No. 5525 Gwynn Oak Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of: Joshua J. Brown

6. DATE OF BIRTH (month, day, year): Apr 27th 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

FATHER

13. NAME: Noah Stocksdale

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER

15. MAIDEN NAME: Catherine Hains

16. BIRTHPLACE (city or town) (State or country): Carroll Co Md

17. INFORMANT: Thomas G. Brown
(Address) 5525 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Aug 20th 1934

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED: Aug 21 1934 Registrar.

171934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Aug 17 1934

I last saw h[illegible] alive on Aug 16 1934 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930

Other contributory causes of importance:

None

Name of operation: None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 2002 Harrison Blvd

M. D. F 1268-9

F 04070

04070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 42-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Brewer

(a) Residence: No. 2307 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Hanna S. Brewer (or WIFE of)

6. DATE OF BIRTH (month, day, year): October 16, 1893

7. AGE: Years 40 | Months 9 10 | Days 0 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic (Automobile)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 6

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: George

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Annie Jones

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Heads (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date Aug 18 1934

19. UNDERTAKER: Wm Cook (Address) 1217 St Paul st.

20. FILED: Hunting 19 Registrar.

17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1934 to Aug 16 1934

I last saw h[illegible] alive on Aug 16 1934 Death is said to have occurred on the date stated above, at 5-10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis bilateral	?
Spontaneous pneumothorax	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Pinagel M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 04071

04071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Matthews St. 17-01 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo D. Morris

(a) Residence: No. 338 E. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Alice M. Morris

6. DATE OF BIRTH (month, day, year) Oct 8th 1855

7. AGE: Years 78 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Phillip R. Morris

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Almyra Dickerson

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT (Address) Alice M. Morris 338 E. 27th St

18. BURIAL, CREMATION, OR REMOVAL Parkwood Aug 18th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

17 1934 Huntington Indiana H.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14. 34. to Aug 15 34

I last saw him alive on Aug 15 1934 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/14/34

Other contributory causes of importance:

Arterial Sclerosis & Hyper tension	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Wm. Allison M. D.

(Address) 415 Cedarcroft Rd

M. D. B 1268-9

E 04072

04072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Homewood Ave. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Tierney Jr.

(a) Residence: No. 1909 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of): Agnes C. Heaton

6b. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 63 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery Business

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: John J. Tierney

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Catherine Coleman

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Agnes C. Tierney

(Address): 1909 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: Aug 18, 1934

19. UNDERTAKER: Irving M. Kinsley

(Address): 1521 Eutaw Pl.

Aug 17 1934 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/16/1934

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1934 to Aug 16, 1934

I last saw him alive on Aug 15, 1934 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Aneurism 1.

Hemiplegia - Arteriosclerosis

Other contributory causes of importance:

over

Name of operation ... Date of ...

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. O. Fiske M. D.

(Address) 110 E. York Ave

M. D. B. 1268-9

✓ F 04073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04073 X 50

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-01 (Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adeline Young

(a) Residence: No. 128 N. Broadway Ward. Sutton W. Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 7/13/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 048

12. BIRTHPLACE (city or town) (State or country) W. Va -

MOTHER FATHER

13. NAME Robert Young

14. BIRTHPLACE (city or town) (State or country) W Va -

15. MAIDEN NAME Margaret Woods

16. BIRTHPLACE (city or town) (State or country) W. Va -

17. INFORMANT Woods -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Sutton W. Va Date Aug 17 1934

19. UNDERTAKER Wm Cook
(Address) 217 E 2nd St

Huntington W. Va

7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from February 18 1934 to Aug 17, 1934

I last saw h[illegible] alive on Aug 17 1934 Death is said to have occurred on the date stated above, at 12 45 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast with metastasis to axilla and lungs.

Date of onset: March 1932

Other contributory causes of importance:

Name of operation Radical breast Date of 1932

What test confirmed diagnosis Biopsy Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Herbert Eichert M. D.

(Address) Johns. Hopkins Hospital

M. D. B. 1288-9

E 04074

04074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Julia Venny Owens Woodyear Ct.

(a) Residence: No. 308 Wordly St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 1933

7. AGE: Years 1 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Mr Russell

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Bailey

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mary Owens 308 Woodyear Ct

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Date 8/18, 19 34

19. UNDERTAKER (Address): Daniel Easton 916 Pennsylvania Ave

20. FILED: 8/18/34 Registrar. Huntington Williams, M. D.

R 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-16-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-14-34, 19, to 8-16-34, 19

I last saw her alive on 8-16-34, 19. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro enteritis	

Other contributory causes of importance:

Not known

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Levi Boyer M. D.

(Address) Provident Hospital

M. D. B. 1268-0

✓ F 04075

04075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Milton Ave. 7-01 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? 62 yrs. mos. ds.

2. FULL NAME Ernst W. Maasch

(a) Residence: No. 534 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Maasch

6. DATE OF BIRTH (month, day, year): Sept. 7/1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Ernst Maasch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Henrietta

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elizabeth Maasch

(Address) 534 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: 8/18/34 19

19. UNDERTAKER: Philip Herwig Sons

(Address) 2014 Eastern Ave

20. FILED: Huntington Williams, Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to Aug 14, 1934

I last saw him alive on Aug 14, 1934. Death is said to have occurred on the date stated above, at 10½ P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Senility

Date of onset

Other contributory causes of importance:

Confined for annual year

Name of operation: Date of

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Hannan M. D.

(Address) 1201 E. Caroline St

AACo. S-H 2908

04076 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 04076

56

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Mayer

(a) Residence: No. 519 N. Ellwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 7 1921

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
12			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Harvey H Mayer
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Emma Hoffheizer
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Emma Mayer 519 N. Ellwood Ave
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Holt Lg Date Aug 20 1934
19. UNDERTAKER Frank Evans & Son (Address) 1906 Eutaw St Baltimore Md
20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to August 17, 1934
I last saw h[illegible] alive on Aug 17 1934 death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	
Endocarditis	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Ener Moore, M. D.
(Address) Franklin Square Hosp.

M. D. B 1268-9

F 04077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

04077 ×.82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella M. Woolery.

(a) Residence: No. Ohio Ave. St. Baltimore Highlands, Balto. Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married (or) WIFE of James H. Woolery.

7. DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	0------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME George Wobly.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT James H. Woolery. (husband)
(Address) Baltimore Highlands, Balto Co. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem. Date Aug 18 1934

19. UNDERTAKER Ritz Mudefeld
(Address) 914 Druid Park Drive

Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy + inquiry Was there an autopsy? Hospital.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Reinhardt, M. D.
Coroner

8/17/34 (Address) 1017 E. Charles St.

A&Co. 5-31 250B

E 04078

04078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2814 Harlem Ave (St.) ... (Ward) 16-91

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Walker

(a) Residence: No. 2814 Harlem St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie E Walker

6. DATE OF BIRTH (month, day, year) May 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

13. NAME of Father Not Known

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME of Mother not known

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Carrie E Walker

(Address) 2814 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cemetery Date Aug 20 1934

19. UNDERTAKER H. S. Marshall

(Address) 1539 Eutaw Pl

Filed ... 19... Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 1927 to Aug 16, 1934

I last saw him alive on Aug 10, 1934 death is said to have occurred on the date stated above, at 9.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	Prior to 1927
Other contributory causes of importance:	
Angina Pectoris	5/16/34

Name of operation ..... Date of .....

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert Thompson M. D.

(Address) 1716 E. Preston St.

Spec.—2-25-28—L. F. S.—500 Bks.

F 04079

F 04079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3718 Greenmount ave ST. 12-01 WARD)

2—FULL NAME Harriet Taft Miller

(a) RESIDENCE NO. 3718 Greenmount ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev George W. Miller D.D.

DATE OF BIRTH (month, day, and year) Jan 24 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	6	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Springfield Ohio

10 NAME OF FATHER Dr Moses M. Oldham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Clista Taft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

Informant Dr Frank O. Miller

(Address) Ellicott city Md

Filed Aug 18, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934, to Aug 16, 1934,

that I last saw h.. alive on Aug 14, 1934

and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of Rt. Femur.

(accidental) Fell down steps

Pulmonary Edema (Org)

(duration) yrs. mos. da.

CONTRIBUTORY Cirrhosis of liver - Myocarditis

(duration) 1 yr. + mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 East 39th.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL Aug 18 1934

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W North ave

M. D. B. 1268-9

✓ F 04080

HEALTH DEPARTMENT—CITY OF BALTIMORE

4080

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Calhoun St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Glenora Marion Taylor

(a) Residence: No. 321 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/15/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Glenton H. Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary E. Washington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Glenton H. Taylor
(Address) 321 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug. 18, 1934

19. UNDERTAKER James A. Davis
(Address) 142 W. Hill St.

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934 to Aug 17, 1934

I last saw h W alive on Aug 17, 1934 Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edw. McCarthy M. D.

(Address) 1230 Druid Park

M. D. H. 1268-9

F 04081

04081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. St. 12-21 Ward)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 77-7-29

2. FULL NAME Mary Thomas Lawton

(a) Residence: No. 3 Homewood Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph T. Lawton

6. DATE OF BIRTH (month, day, year) Dec-29-1856

7. AGE: Years 77 | Months 7 | Days 29 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: Saml T. Thomas

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elizabeth Attwood

16. BIRTHPLACE (city or town) (State or country): Wyatstown Montgomery

17. INFORMANT: Mrs. T. Lawton husband
(Address): Homewood Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Aug-18-1934

19. UNDERTAKER: Howard Monroe
(Address): 1 Pennsylvania Ave.

20. [illegible] Registrar.

184934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from November 1933 to Aug 17 1934

I last saw her alive on Aug. 16 1934 Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	7/10/34
Diabetes Mellitus	10/-33.
Arteriosclerosis	?
Hypertension	?
Cerebral Hemorrhage	8/-/34

Other contributory causes of importance:

3 previous adhesions &	1931
coronary arteries	1932
	1934.

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hattie L. Winkenwerder M. D.

(Address) 1014 St. Paul St.

Spec—9-30—A. & Co.—250 Bks.

✓ F 04082

04082 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Infirmary 1-01 WARD)

2. FULL NAME Katherine Robertson

(a) RESIDENCE NO. La Plata, Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92			

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Welcome, Md

PARENTS

10 NAME OF FATHER A. H. Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Welcome Md

12 MAIDEN NAME OF MOTHER Verlinda Forte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Royston Md

14 Informant Mrs. H. C. Stiel (Address) Emmitsburg Md.

15 8 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-16-1934

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1934, to Aug. 16, 1934

that I last saw her alive on Aug 16, 1934

and that death occurred, on the date stated above, at 4:45 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Hospital

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & post mortem

(Signed) Roland V. Hoover M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL La Plata - Md — DATE OF BURIAL Aug-18 1934

20 UNDERTAKER Stewart & Comm Co — ADDRESS 108 W Mid

M. D. R. 1265-9

F 04083

04083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2743 Fenwick Ave St., 9-C Ward)

Length of residence in city or town where death occurred 25 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Seth Boyer Pratt

(a) Residence: No. 2743 Fenwick Ave St., ... Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): October 9 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. R. Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. Mail Co

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Philadelphia Penna

FATHER

13. NAME: Riley Pratt

14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Frances L. Boyer

16. BIRTHPLACE (city or town) (State or country): Carlisle Penna

17. INFORMANT: Rev. James A. Pratt
(Address): New York City, N. Y.

18. BURIAL, CREMATION, OR REMOVAL
Place: Uniontown, Penna. Date: Aug 20 1934

19. UNDERTAKER: Bauer & Brown Co.
(Address): 102 W. North Avenue

Date Aug 19 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 17 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Aug 17 1934

I last saw him alive on Aug. 16, 1934 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. B. Tyler M. D.

(Address) 2802 Halford Ave.

F 04084

H. D. B. 1268-9

04084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) U.S. Marine Hospital, Baltimore, Md. St. ..... Ward) 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jerry Lorden

(a) Residence: No. 446 12th Ave., San Francisco California Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) February 25, 1888

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-29-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

13. NAME Jeremiah Lorden

14. BIRTHPLACE (city or town) County Cork
(State or country) Ireland

15. MAIDEN NAME Hannah Burns

16. BIRTHPLACE (city or town) New York City
(State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Aug. 20, 1934

19. UNDERTAKER E. Leroy S. Stubbs, Inc.
(Address) 1256 North Ave.

20. FILED AUG 20 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1933 to August 16, 1934
I last saw him alive on August 16, 1934. Death is said to have occurred on the date stated above, at 12:58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of skin and left inguinal glands	Unknown
Other contributory causes of importance:	
Hemorrhage from left inguinal vessels (femoral artery)	30 min.

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. L. Tolmand M. D.

(Address) U.S. Marine Hospital, Balto.

AUG 20 1934

D. B 1268-9

MT 04085

HEALTH DEPARTMENT—CITY OF BALTIMORE

04085

CERTIFICATE OF DEATH

X 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 210-002 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Thomas Russell

(a) Residence: No. L. D. Tilghman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) July 7, 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. D. Tilghman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New London N. C.

13. NAME Zack Russia T. Russell

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Navy Recruiting Station Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL New London, N. C. Date Aug. 18, 1934

19. UNDERTAKER E. Leroy Stiller, Inc. (Address) 125 E. Preston Ave.

... 1934 ... Registrar

RRB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 2:00 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull.

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/12, 1934
Where did injury occur Washington Blvd. nr Elkridge (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto in which he was riding collided with a truck
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pikarny M. D.
Coroner
(Address) 200 E Madison St

F. D. B. 1268-9

34086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04086

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1371 Abbotston St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Irene C. Harris

(a) Residence: No. 1371 Abbotston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wh	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of David M. Harris

6. DATE OF BIRTH (month, day, year) June 8 1893

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
41	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath md.

13. NAME Reardon

14. BIRTHPLACE (city or town) (State or country) Balt md

15. MAIDEN NAME Martha Donahue

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret M. Harris

(Address) 1371 Abbotston St.

18. BURIAL, CREMATION, OR REMOVAL

Date 8/20/34

19. UNDERTAKER Leonard Grant

(Address) 505 Hartford Rd

AUG 18 1934 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17/34

22. I HEREBY CERTIFY, That I attended deceased from May 2 1934 to Aug 17 1934

I last saw her alive on 8/17 1934 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	1929
Mitral Stenosis with Insufficiency	1932
Other contributory causes of importance:	
Cardiac Decompensation with anasarca	July 30 1934

Name of operation — Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Chas. A. Edwards, M. D.

(Address) 3746 Clarendon

M. D. F. 1268-0

F 04087

04087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-11 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Sweeney

(a) Residence: No. Jail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 28, 1861

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of Michael Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Doyle

16. BIRTHPLACE (city or town) (State or country) Ireland ?

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8/20/ 1934

19. UNDERTAKER John F. Cowan & Son
(Address) 1401 Hollins St.

20. FILED Registrar.

8/21/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1924 to July 17, 1934

I last saw h alive on Aug 17 1934 Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Occlusion ?	1 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) I P Maxwell, M. D.

(Address) Balt City Hosp

F 04088

H. D. P. 1268-9

04088 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 163 S Monastery Ave 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth 50 yrs. mos. da.

2. FULL NAME Mary C Bopp

(a) Residence: No. 163 S Monastery Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND (or) WIFE of Philip Bopp

6b. DATE OF BIRTH (month, day, year): May 25 1877

7. AGE: Years 63 Months 2 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Thos. Langenbaum

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary C. Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: August Bopp

(Address) 163 S Monastery

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Aug 20 34

Place

19. UNDERTAKER: George A Tilley

(Address) Baltimore & Fayette

20. FILED 19

Registrar

AUG 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23 1933 to Aug 16 1934

I last saw her alive on Aug 15 1934 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	5/20/34
Other contributory causes of importance: Pulmonary Oedema	8/14/34

Name of operation: None Date of

What tests to confirm diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Ernest Rosenberg M. D.

(Address) 721 Mt Royal Ave

F 04089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N Regester St. 8-01 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle M. Baughman

(a) Residence: No. 1703 N Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry N. Baughman

6. DATE OF BIRTH (month, day, year) Mar 17 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME James MacLain

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Hamrick

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Harry N. Baughman
(Address) 1701 E Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Aug 20 1934

19. UNDERTAKER John Ellrod
(Address) Huntington Ave & Allen St

Filed AUG 19 1934

Huntington Williams Mortuary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934, to Aug 16, 1934

I last saw h W alive on Aug 14, 1934 Death is said to have occurred on the date stated above, at 6 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1
Other contributory causes of importance: (Com) Nephritis, Myocarditis	1

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alan B Lumsden, M. D.

(Address) 718 N Patterson Park Ave

M. D. P. 1268-9

F 04090

HEALTH DEPARTMENT—CITY OF BALTIMORE

04090

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Street 14-01 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Rusk

(a) Residence: No. 1904 Pennsylvania Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Ball

6. DATE OF BIRTH (month, day, year) Oct 15 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Jane Ball

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date 8/20 1934

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pressman St

20. FILED Huntington-Williams, Inc. (Signature of Registrar)

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1934 to Aug 16 1934

I last saw h[illegible] alive on Aug 16 1934 Death is said to have occurred on the date stated above, at 6 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hemiplegia, rt. side & old Cerebral Hemorrhage	6 Mos.
Pneumonia, Lobar (pneumonia)	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel M. D.

(Address) Baltimore City Hosp.

F. D. B. 1268-9

F 04091

HEALTH DEPARTMENT—CITY OF BALTIMORE

04091

CERTIFICATE OF DEATH

✓160-002

Registered No. 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby girl Teacher

(a) Residence: No. 121 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) August 17, 1934

AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Edward Teacher

14. BIRTHPLACE (city or town) Wilson
(State or country) N C.

15. MAIDEN NAME Clara Simms

16. BIRTHPLACE (city or town) Balt md
(State or country)

17. INFORMANT Clara Simms
(Address) 121 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8/18 1934

19. UNDERTAKER Harry H Jutzke
(Address) 1101 Edmondson Ave

[illegible] 1934 [illegible] Registered No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1934 to August 17, 1934

I last saw her alive on August 17, 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Date of onset 8-17-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helen 9 Maginnis, M. D.

(Address) University Hospital

M. D. B. 1268-9

MF 04092

F 04092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Ray Creamer

(a) Residence: No. Pleasant Hill, Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) F. 6 19 1908

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasant Hill, Pa.

13. NAME Irvin L. Creamer

14. BIRTHPLACE (city or town) (State or country) Pleasant Hill Pa

15. MAIDEN NAME Katherine V Snyder

16. BIRTHPLACE (city or town) (State or country) Orrstown Pa

17. INFORMANT Irvin Creamer
(Address) Pleasant Hall, Pa

18. BURIAL, CREMATION, OR REMOVAL Chambersburg Pa Date Aug 18 1934

19. UNDERTAKER Edward P. Hafferly
(Address) 818 Druid Hill Ave

AUG 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy, 19 , to injury & autopsy, 19 ; I last saw h alive on injury & autopsy, 19 ; Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull & Pelvis — Int. Injuries

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/15, 1934

Where did injury occur? Route 1 Town Hill or Jarrett, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Schramm Coroner M. D.

(Address) 2200 E Madison St

F 04093

D. B. 1269-3

F 04093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. V 483

1. PLACE OF DEATH Drowned in Jones Falls - Keswick - Falls Roads
CITY OF BALTIMORE (No. Pronounced dead at Union Memorial Hospital St., 12 W
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert F. Carter

(a) Residence: No. 323 West Lorraine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

DATE OF BIRTH (month, day, year) Feb. 13, 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jerome Carter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Betrice King

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs Jerome Carter
(Address) 323 W. Lorraine Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place Rosp't Hill Towson Md Date Aug 20 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . Death is said I last saw h alive on , 19 . to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning - Accidental	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Mooresey M. D.
Coroner
(Address) 36 Br Roland Ave

D. P. 1268-4

F 04094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04094

CERTIFICATE OF DEATH

Registered No. 183

PLACE OF DEATH Drowned in Jones Falls - Keswick + Falls Roads

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Pronounced Dead at Union Memorial Hospital St., Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

12-01

FULL NAME Jerome F. Carter

(a) Residence: No. 323 West Lorraine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

DATE OF BIRTH (month, day, year) Jan. 9, 1926

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	8	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jerome Carter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Betrice King

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs Jerome Carter

(Address) 323 West Lorraine Ave.

BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cemetery Date Aug 20th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning - Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? Jones Falls
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Drowned in Jones Falls

Nature of injury Drowned Accid.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John J. Morrissey M. D.
Coroner

(Address) 363 Roland Ave

F 31334

F 04095

F. D. B. 1268-9

F 04095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6704 Railway Ave St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H Greif

(a) Residence: No. 6704 Railway Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anie Greif

DATE OF BIRTH (month, day, year) Jan 1 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jonh F Greif

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Rogers

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Anie Greif (wife)
(Address) 6704 Railway Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak lawn Cemetery Date Aug 20 1934

19. UNDERTAKER Lilly & Zeiler Funeral
(Address) 113 Ba & Washington Sts.

FILED Aug 19 1934 Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from about — 1918 to Aug 17 1934
I last saw him alive on Aug 16 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute gastro enteritis	Aug 12 34

Other contributory causes of importance: Chronic Parenchymatous hepatitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Ellwood Ave

D. B. 268-4 04096 F 04096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 127

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S Ellwood St., 1-0 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Mattes

(a) Residence: No. 701 S Ellwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mattes

DATE OF BIRTH (month, day, year) June 5 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	54	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Jacob Kolb

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katie Ebert

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Mattes
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Aug. 20 1934

19. UNDERTAKER Lilly & Julia Doc.
(Address) 703 S. Wolfe St

20. FILED Aug 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance: Cholecystectomy	

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. P. Herzog M.D. M. D.
Coroner

(Address) 1305 N. Patterson Park

AaCo. 5-31-3OR P 04097 F 04097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Parkheight Ave St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence O. Short Short's

(a) Residence: No. 3604 Parkheight Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara R. Short

7. DATE OF BIRTH (month, day, year) Dec. 7-1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas Short

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hattie F. Allester

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Clara R. Short
(Address) 3604 Parkheight Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Aug 20 1934

19. UNDERTAKER A. E. Marshall
(Address) 1539 Eutaw Pl

AUG 1934 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9. 1934, to Aug 17 1934

I last saw h.i.m alive on Aug 17 1934 death is said to have occurred on the date stated above, at 3.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:

Influenza (6 mos ago)	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. N. Stenburg M. D.

(Address) 714 Park Ave Balto

D. B. 1268-9

F 04098

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 04098

210-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Max Friedman

(a) Residence: No. 1921 Linden Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Rachel~~ Bertha

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hegel Usaier Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dave Friedman (Address) 1921 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Mt Carmel Date 8-19-34, 19

19. UNDERTAKER Jack Levin Inc (Address) 1453 E Oliver St

Filed Aug 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 8/18/1934

Where did injury occur? Linden Ave nr Robert St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph P Leary Coroner M. D.

(Address) 2109 E Monument St

F 04099

F 04099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 23-21 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Sapolino

(a) Residence: No. 432 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: WIFE of Harry

7. DATE OF BIRTH (month, day, year) Dec. 3, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Carmella ?

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 21, 1934

19. UNDERTAKER Wendel & Hiffel
(Address) 302 S. Eden St.

20. FILED AUG 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to Aug. 17, 1934

I last saw h alive on Aug. 12, 1934 Death is said to have occurred on the date stated above, at 4:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Nephritis, interstitial	?
2 Hypertension	?
3 Acute Pulmonary Oedema	Terms.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I Pinajian M. D.

(Address) Balt. City Hosp.

M. D. P. 1938-9 04100 F 04100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Mt Holly St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Julia S. Gawthorp,

(a) Residence: No. 2207 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R. Hart Gawthorp, Sr.

6. DATE OF BIRTH (month, day, year) May 30. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Putts.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT R. Hart Gawthorp,
(Address) 2207 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date AUG 21 1934 19

19. UNDERTAKER Robert S Settle
(Address) 2700 Edmondson Ave.

20. FILED [illegible] 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 18 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1934 to Aug 18 1934

I last saw her alive on Aug 18 1934. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis & Chronic Nephritis	5 or 6 yrs
Other contributory causes of importance: Uraemia	Few hrs

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W Bowman Hood M. D.

(Address) 2216 Garrison Blvd

M. D. B. 12[illegible] F 04101

F 04101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Roland Pk 127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Hawthorne St., Roland Pk 127 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas J. Grogan

(a) Residence: No. 208 Hawthorne Rd., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie A. Crawford

6b. DATE OF BIRTH (month, day, year) March 12, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Legal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04?

10. Date deceased last worked at this occupation (month and year) Aug 1, 1934

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Grogan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Kane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas J. Grogan Jr.
(Address) 208 Hawthorne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place G. H. M. Cem. Date 8/20, 1934

19. UNDERTAKER Vernon Lemmon
(Address) 4611 Park Heights

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18/34

22. I HEREBY CERTIFY, That I attended deceased from July 24, 34 to 8/18, 34

I last saw him alive on 8/16, 1934 Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Intoxication	1 D
Chronic Interstitial Nephritis	
(Contributory)	
Other contributory causes of importance:	
Congestive Failure	1 D

Name of operation ..... Date of —

What test confirmed diagnosis? ..... Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. J. Gray, M. D.

(Address) 6 Vernon Terrace

F 04102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04102

CERTIFICATE OF DEATH

87-007

1 PLACE OF DEATH 700 Charles

CITY OF BALTIMORE (No Washington Apts ST 11 WARD 4)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen L Sterling

(a) RESIDENCE NO Washington Apts ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 21 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	28	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Bacon
(State or country) Md

10 NAME OF FATHER Rear Admiral Yates Sterling

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen F Hoey

13 BIRTHPLACE OF MOTHER (city or town) Key West
(State or country) Fla

14 Informant Mrs J Pembroke Thom
(Address) Catonsville Md

15 Filed [illegible] 19 1934 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18, 34

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to Aug 18, 1934

that I last saw h[illegible] alive on Aug 17, 1934

and that death occurred, on the date stated above, at 3 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral sclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H H Warner Fiedler M. D.

Aug 19 1934 (Address) 806 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. Arlington Va — DATE OF BURIAL Aug 21 1934

20 UNDERTAKER Henry McHenkins Sons — ADDRESS McCulloh & Centre

M. D. B. 1268-9

F 04103

F 04103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Arbuton Ave., Lakeland St., 21-d Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Hepburn

(a) Residence: No. 709 N. Hamburg St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Hepburn

6. DATE OF BIRTH (month, day, year) May 29, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Foontz

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ruth Legg

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mamie Shaw

(Address) 709 N. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date August 18, 1934

Hall & Cook

19. UNDERTAKER

(Address) 1003 N. Baltimore St.

20. FILED AUG 18 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 3X to August 16 1934 I last saw her alive on August 16, 1934 Death is said to have occurred on the date stated above, at 3.15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/16/34
Arteriosclerosis	6/1/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sigurd Braun, M. D.

(Address) 1227 Washington Blvd.

D. B 1268-0

Baty

F 04104

04104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 15 Ward)

How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred 20 yrs. ..... mos.

2. FULL NAME Howard Baty.

(a) Residence: No. 654 Pitcher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Baty.

6. DATE OF BIRTH (month, day, year): Mar 24 1902

7. AGE: Years 32 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

13. NAME: Jos Baty

14. BIRTHPLACE (city or town) (State or country): Mchenry

15. MAIDEN NAME: N. C.

16. BIRTHPLACE (city or town) (State or country): Mary Baty

17. INFORMANT (Address): 654 Pitcher

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Date 8/20/34

19. UNDERTAKER: Mrs. George H. Colley

(Address) 1631 Druid Hill

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Pistol wound of abdomen.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Aug 15 1934

Where did injury occur? 654 Pitcher
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Pistol wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lauck Coroner M. D.

(Address) .....

F. D. B. 1268-9

04105

F 04105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 14-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Turner

(a) Residence: No. 416 Wilson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry

DATE OF BIRTH (month, day, year) Dec 17, 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Isabella ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 8/21/34 19

19. UNDERTAKER Mr. George E. Colton
(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar.

8 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 . 1934 to Aug 18 . 1934

I last saw her alive on Aug 18 . 1934 Death is said to have occurred on the date stated above, at 12:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver —	1 wk
	one

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. Phagel M. D.

(Address) Balt City Hosp

F 04106

F 04106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-001

Registered No. 19043

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Battle

(a) Residence: No. 2221 Pennsylvania Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 7-1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME John Battle

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mary Clayston

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Battle (Address) Elm City - R. F. D.

18. BURIAL, CREMATION, OR REMOVAL Place Elm City N. C. Date 8/20/34

19. UNDERTAKER Mrs. George Battle (Address) 1621 Druid Hill Ave

20. FILED [illegible] 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1934 to August 17, 1934

I last saw her alive on August 17, 1934 Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	8-5-34
Terminal Bronchial Pneumonia	8-17-34

Other contributory causes of importance:

Prolonged Labor	8-9-34
Cervical Dystocia	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 04107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04107

CERTIFICATE OF DEATH

+127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen. Hosp St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? 29 yrs. ... mos. ... ds.

2. FULL NAME Julianna Seger

(a) Residence: No. English Consul, Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed.

6. If ~~married~~ widowed, ~~or husband~~ (or) WIFE of Peter Segar

DATE OF BIRTH (month, day, year) May 2 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	3	2.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria-Hungary

13. NAME John Baker

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Peter Seger Jr English Consul - Lakedowne Md

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 8/21 ... 1934

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

Aug 25 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 ... 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 ... 1934 to Aug 14 ... 1934.

I last saw ~~him~~ her alive on Aug 13 ... 1934 Death is said to have occurred on the date stated above, at 3.40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis. Stone in common duct	1934
Myocardial Insufficiency	1934

Other contributory causes of importance:

Name of operation Cholecystostomy Date of 8/16

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton A. Stern ... M. D.

(Address) 1213 Light St.

F 04108

F 04108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4328 Evans Chapel Rd. Ward) 27-21

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Rutledge

(a) Residence: No. 4328 Evans Chapel Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND'S~~ (or) WIFE of John Rutledge

DATE OF BIRTH (month, day, year) April 13th 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward W. Belcher

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary C. Amos

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie E. Rutledge

(Address) 347 Ilchester Ave

18. BURIAL, CREMATION, OR REMOVAL Christ M.E. Church

Place West Liberty Cemetery Md. Aug 21st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED AUG 24

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to Aug 18 1934.

I last saw h~~er~~ alive on Aug 17 1934. Death is said to have occurred on the date stated above, at 12-30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/15/34
Chronic Bronchitis & Emphysema	2
Chronic Myocarditis	2
Other contributory causes of importance:	
Elephantiasis (Leg)	1924
Cholecystitis	1933

Name of operation No Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) M. Gibson Forlee M. D.

(Address) 4822 Roland Ave

D. F. 1268 F 04109

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04109

88817

CERTIFICATE OF DEATH

X 119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-08 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolores Kofskey

(a) Residence: No. Martel & East ave St., Ward. Dundalk

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4-4-1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Kofskey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Evelyn Glover

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel. Date aug 20 1934

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Lapel St.

20. FILED ..... 19 ..... Registrar.

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1934 to Aug 17 1934

I last saw her alive on Aug 17 1934. Death is said to have occurred on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nutritional Disorder	7/28/34

Other contributory causes of Importance:

Name of operation ..... Date of

What test ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) J. H. H.

Dr. Mengel
Holly Hospital ✓

F 04110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 F 04110
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2700 Garrison Blvd St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Hornstein

(a) Residence: No. 2700 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. A. L. Hornstein

DATE OF BIRTH (month, day, year) month & day not known 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME David Solomon
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Husband.
(Address) 2700 Garrison Blvd.
18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 8/20/34 19
19. UNDERTAKER Sol Levin Inc.
(Address) 2700 Eutaw Place
20. FILED 19 Registrar.

AUG 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1934 to Aug. 21, 1934
I last saw h er alive on Aug. 2, 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of the Fallopian tubes	about 7 mos. ago.

Other contributory causes of importance:

Name of operation None recently Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Charles L. Mengel M. D.
(Address) 1418 Eutaw Place

F 04111

D. B. 04111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 712 N. Mount St.) (15-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida May Burrell

(a) Residence: No. 712 N. Mount St. Ward. .....
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write which): Single
If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 18-1915
AGE: Years 18 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent at this occupation

11. BIRTHPLACE (city or town) (State or country): Baltimore
12. NAME: Isaac Burrell
13. BIRTHPLACE (city or town) (State or country): Va
14. MAIDEN NAME: Lillie Elliott
15. BIRTHPLACE (city or town) (State or country): Balto
16. INFORMANT: Lillie Burrell
(Address): 712 N. Mount

17. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cemetery Date: May 25, 1934
18. UNDERTAKER: Reginald A. Gaddis
(Address): 2101 McCulloh St.

19. FILED ... 19... Registrar.

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said
I last saw h... alive on ... 19... at ... m.
to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows: Pulmonary Phthisis — Hemorrhage — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner
(Address)

F 04112

F 04112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N Broadway St., 8-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry John Grotz

(a) Residence: No. 1704 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Grotz

6. DATE OF BIRTH (month, day, year) Sept 12-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Frederick Grotz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Elizabeth Kramer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Alice Grotz

(Address) 1704 N Broadway

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Aug 20 19 34

UNDERTAKER J. Pumphrey Sons

(Address) Baltimore

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Aug 17, 1934

I last saw him alive on Aug 16, 1934 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 2 yrs.

Other contributory causes of importance:

Cor. Thrombosis
Arteriosclerosis
Bronchial asthma

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Pumphrey, M. D.

(Address) 1512 Eutaw Place

F 04113

F 04113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2302 Rosedale St. 15-01 Ward)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Diacont

(a) Residence: No. 2302 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry A Diacont

6b. DATE OF BIRTH (month, day, year): Aug 1 - 168

7. AGE: Years 5-2 | Months 0 | Days 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Denis O'Leary

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Kate Kennedy

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Henry A Diacont
(Address) 2302 Rosedale

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Park Date Aug 21 19 34

19. UNDERTAKER: Wm. J. Tickner & Sons
(Address) 1 North Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to Aug 18 1934

I last saw h[illegible] alive on Aug 17 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 27-34.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jesse E. Dickson, M. D.

(Address) 3055 W. North Ave.

F 04114

F 04114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto Eye, Ear Hospital Elizabeth St. 28-61 (WARD)

2-FULL NAME Mrs. Mary Hill

(a) RESIDENCE. NO. 711 Brinkwood Rd ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a ~~Married~~, widowed, ~~divorced~~

HUSBAND of (or) WIFE of George William Hill

6 DATE OF BIRTH (month, day, and year) Oct 5-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Diebel ~~Hill~~

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Metins

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George William H. Hill Sr. (Address) 711 Brinkwood Road.

15 Filed AUG 20 1934 Registrar Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18 1934

17 I HEREBY CERTIFY, That I attended deceased from August 5 . 1934 . to August 18 . 1934 . that I last saw her alive on August 18 . 1934 . and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Uraemia, Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Private Residence

Did an operation precede death? yes Date of August 10, 1934

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Thos S Friedenwald M. D.

, 1920 (Address) 1212 Eutaw Pl. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Aug 21 1934

20 UNDERTAKER ADDRESS

Undertaker Norton

F 04115

F 04115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Rogers Ave. 27-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Margaret George

(a) Residence: No. 3502 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas W. George

DATE OF BIRTH (month, day, year): Dec 30 - 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

13. NAME OF FATHER: Paulus Minnicks

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Margaret Landenberger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas W. George
(Address): 3502 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Aug 21 1934

19. UNDERTAKER: Wm. J. Fickey & Son
(Address): Walbrook Md

Filed: 19 Baltimore

207934 Washington County, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/14/ 1934 to 8/18/ 1934

I last saw her alive on 8/18/ 1934. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1½ yr.

Other contributory causes of importance:

Leukemia & metastases to liver	6 mos.

Name of operation: Colostomy Date of: 10/20/33

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Theodore H. Marum M. D.

(Address) 1013 N. Charles St.

F 04116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04116

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2731 Atherton St. Ward) 42-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. Ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Ann Shaffer
(a) Residence: No. 2731 Atherton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

DATE OF BIRTH (month, day, year) Jan 11 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) md.
(State or country)
13. NAME Harlon E. Shaffer.
14. BIRTHPLACE (city or town) md.
(State or country)
15. MAIDEN NAME Helen L Schwab.
16. BIRTHPLACE (city or town) md.
(State or country)
17. INFORMANT Helen L Shaffer
(Address) 2731 Atherton St.
18. BURIAL, CREMATION, OR REMOVAL Date Aug 19 1934
Place Cedar Hill
19. UNDERTAKER Edmondson Ave
(Address) 3613-17 Edmondson Ave

Filed Aug 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1934 to Aug 19 1934
I last saw h[illegible] alive on Aug 19 1934. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough Complicated Pulmonary	June 5 days
C/C Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Henry Tyrell M.D.
(Address) 5482 Ironwood Ave

D. P. 1268 F 04117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04117

159

CERTIFICATE OF DEATH

PLACE OF DEATH Bon Secours Hospital
CITY OF BALTIMORE: (No.) Fayette & Paca Sts. (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Boy Hall

(a) Residence: No. 6310 Harford Ave (Usual place of abode) City or Town Baltimore (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 18, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				3 hrs.

Expired shortly after birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Arthur Hall

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna Carter

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Arthur Hall
(Address) 6310 Harford ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 20 1934

UNDERTAKER Mustard & Dippel Inc
(Address) 328 Cross St.

AUG 20 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1934 to Aug 18 1934
I last saw ... alive on Aug 18 1934 Death is said to have occurred on the date stated above at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

Premature Separation of placenta

Date of onset 8/18/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Agnes S. Donahoe M. D.

(Address) Bon Secours Hospital

F 04118 ✓ F 04118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor St. 1000 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Wright

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Wright

DATE OF BIRTH (month, day, year) 6 Sept. 1852.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82	"	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Noah Bedsworth.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Gleason

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 21, 1934

19. UNDERTAKER Wm. Wiedefeld & Bro.
(Address) 714 N. Fremont Ave

20. FILED Aug 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19 Aug. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to Aug 19 1934

I last saw her alive on Aug 17 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Chronic Nephritis	
Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Exp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Clarke, M. D.

(Address) 1104 Eutaw Pl.

20 1934

D. B. 1268-9

04119 F 04119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Gorsuch ave St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Oliver T. Treadway

(a) Residence: No. 1303 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. Treadway

DATE OF BIRTH (month, day, year) Mar 9-1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hartford Co.
(State or country) Md.

13. NAME Thomas Treadway

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Margaret Bull

16. BIRTHPLACE (city or town) Hartford Co.
(State or country) Maryland

INFORMANT Mary L. Treadway
(Address) 1303 Gorsuch Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zabor Church Date Aug 21 1934
Harford Co.

UNDERTAKER Jeremy Lutz
(Address) 107 Light St

FILED 19
Registrar.

Huntington, Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on August 19 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Fracture	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Autopsy Date August 19, 34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M.D.
Coroner

(Address) 1 E. Lombard Broadway

D. B. 1268-9

F 04120

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04120

CERTIFICATE OF DEATH

X 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Univ. Hospt. St., 11-01 Ward)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Severn K. Arnold (Severn K. Arnold)

(a) Residence: No. Revells Station, A.A.Co. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 19, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store - Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

13. NAME Thomas H. Arnold

14. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

15. MAIDEN NAME Eliza Warren

16. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

INFORMANT Mr. R. Harry Arnold

(Address) Annapolis, Md.

BURIAL, CREMATION, OR REMOVAL

Place Arnold Station Date August 21 19 34
Anne Arundel County, Md.

UNDERTAKER Jos. H. Cook

(Address) 1003 W. Baltimore St.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1934 to Aug 19 1934

I last saw him alive on Aug 19, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/17

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Goldstone M. D.

(Address) University Hospt.

F 04121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04121

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 617 Collett St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Evelyn Turner

(a) Residence: No. 617 Collett St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 30 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	2	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Jas Turner

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Emma Hammond

16. BIRTHPLACE (city or town) Abbeville
(State or country) S C

INFORMANT Emma Turner
(Address) 617 Collett

BURIAL, CREMATION, OR REMOVAL
Place Forest Park Cem. Co. Md Date Aug 20, 1934

UNDERTAKER Mrs Kate R Williams
(Address) 522 S Schroeder St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	6 Days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Link M. D.
Coroner

(Address) .....

D. B. 1268-9

F 04122

04122 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 66-002

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Herd

(a) Residence: No. 10 Edgewood Ave, Fullerton Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Herd

DATE OF BIRTH (month, day, year) Dec. 17th 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation..

BIRTHPLACE (city or town) Rinteln

(State or country) Germany

13. NAME Conrad Herd

14. BIRTHPLACE (city or town) Rinteln

(State or country) Germany

15. MAIDEN NAME Marie Gimmert

16. BIRTHPLACE (city or town) Unknown

(State or country) Germany

INFORMANT Katherine Herd

(Address) 10 Edgewood Ave. Fullerton

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Aug. 21 1934

UNDERTAKER Frederick Lassahn Sons

(Address) 7401 Edgar Road

FILED [redacted] 1934

AUG 20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to August 19 1934

I last saw him alive on August 16 1934. Death is said to have occurred on the date stated above, at 6 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hyperthyroidism	
2. Thyreotoxicosis	

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 8-15-34

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 04123

CERTIFICATE OF DEATH.

94-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

04123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4308 Pape Av. St. No-04 (WARD)

2-FULL NAME Frederick Foreng

(a) RESIDENCE NO. 4308 Pape Av. St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word) M.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Foreng

6 DATE OF BIRTH (month, day, and year) March 27-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Foreng

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER D. Dopke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Mrs. Mary Foreng

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18. 1934

17 I HEREBY CERTIFY, That I attended deceased from March, 1934, to Aug 18, 1934.

that I last saw h[illegible] alive on Aug 16. 1934.

and that death occurred, on the date stated above, at 2 9. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical

(Signed) Gustave A. Pfeiffer, M. D.

, 19 (Address) 6801 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL Aug 21 1934

20 UNDERTAKER Fred Lauchheimer & Son

ADDRESS 740 Belair Rd

aCo. 5-31 250B

F 04124

4124 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. 2807 Barleys Lane St., 26-01 Ward)

(b) Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Ulrich

(a) Residence: No. 2807 Barleys Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Ulrich

7. DATE OF BIRTH (month, day, year) April 9th 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME OF FATHER Charles Ulrich

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Bertha Ulrich
(Address) 2807 Barleys Lane

18. BURIAL, CREMATION, OR REMOVAL Jerusalem Luth. Date Aug. 20th 1934

19. UNDERTAKER Frederick Lesselyn & Son
(Address) 7401 Belair Road

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7 to August 17, 1934.
I last saw h[illegible] alive on Aug 10th 34 death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	7.7.34
Partial Paralysis (Apparent)	
Other contributory causes of importance: Uremia	
Exacerbation	7.7.34

Name of operation: Surgical Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Specify.....

(Signed) Miles F. A. McEvoy M. D.

(Address) 1021 N. Caroline St.

D. B. 1268-9

F 04125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04125

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 8 da. How long in U. S. If of foreign birth? 52 yrs. 6 mos. 8 da.

2. FULL NAME Gerald Leon Ferrell

(a) Residence: No. 1224 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Feb 10 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemistry

10. Date deceased last worked at this occupation (month, day, year) Aug 14 1934

11. Total time (years) spent in this occupation 23 yrs

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Thomas Ferrell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Laura V. Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs Fannie B. McClellan (sister)

(Address) 1224 W Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Emmit Date Aug 20 1934

UNDERTAKER Stewart & Stewart Co.

(Address) 108 W Franklin

AUG 20 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1934, to Aug 18, 1934

I last saw h[illegible] alive on Aug 18, 1934 Death is said to have occurred on the date stated above, at 9 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	8/15
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herbert Goldstone M. D.

(Address) Univ. Hospt.

F 04126

F 04126

H. D. B. 1268-a

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Green Spring Ave.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosetta B. Hankins

(a) Residence: No. Green Spring Manor (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lemuel Hankins

DATE OF BIRTH (month, day, year) Mch. 22, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bacon, Md.

13. NAME of Father Solomon Bernstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Ida Schuldenheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Hankins

(Address) Green Spring Manor

18. BURIAL, CREMATION, OR REMOVAL

Place Isaac Hebt. Cem. Date Aug. 21, 1934

19. UNDERTAKER David Sondheimer & Son

(Address) 1902 Eutaw Place

20. FILED 19 [illegible]

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1930 to August 19th, 1934

I last saw h[illegible] alive on August 18, 1934 Death is said to have occurred on the date stated above, at 2:35 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Diabetes Mellitus

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene Leopold, M. D.

(Address) 700 W. Lafayette Ave.

Z. D. B. 1268-0

04127

F 04127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Pierce St. 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Butler

(a) Residence: No. 719 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Married~~ Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S. C.

13. NAME Emmah Butler

14. BIRTHPLACE (city or town) (State or country) Columbia S. C. Carolina

15. MAIDEN NAME Fanny Easley.

16. BIRTHPLACE (City or town) (State or country) Columbia S. C.

17. INFORMANT Fannie Butler

(Address) 719 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Aug. 20th 1937

19. UNDERTAKER Elroy O Wyles

(Address) 1001 Pennsylvania Ave

AUG 20 1937 Huntington Williams, Reg. Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16/37

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Aug. 16, 1937.

I last saw him alive on Aug. 16, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Years 90
Other contributory causes of importance: Acute cardiac dilatation	1 day
	90

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 30 30 Wilkens Ave

F 04128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04128

CERTIFICATE OF DEATH

46 V

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2911 Bayonne Ave St., 27-28 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME 2911 Bayonne William W. Callister Sr

(a) Residence: No. 2911 Bayonne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ann E W. Callister

DATE OF BIRTH (month, day, year) Aug 6 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16

10. Date deceased last worked at this occupation (month and year) 4 1934

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Chester Pa

13. NAME William W. Callister

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Rachel Lounsbury

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Allie W. Callister

(Address) 2911 Bayonne Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Aug 21, 19

UNDERTAKER John Welsh

(Address) 2008 Edmondson

FILED 19

20 15044

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934 to Aug 18, 1934

I last saw h alive on Aug 18, 1934 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	about 6 mos ago
Other contributory causes of importance: Malnutrition Dotenna	four months

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green, M. D.

(Address) 5543 Harford Rd Hamilton Baltimore Md

D. B 1268-9

04129 HEALTH DEPARTMENT—CITY OF BALTIMORE 04129

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert B. Knight

(a) Residence: No. 38 No Streeper St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lyman Knight

DATE OF BIRTH (month, day, year) July 25-1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Knight

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Bradley

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Michael Gorman

(Address) 38 h Streeper

BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Aug-21 1934

UNDERTAKER Frank V. Piperone

(Address) 2518 E Balto St

FILED ... 19... Registrar

G2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2.
Other contributory causes of importance: Arterio-Sclerosis	2.

Name of operation Urgency Date Aug 14-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 St Paul

F 04130

F 04130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Hanover St. 23rd Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Berger

(a) Residence: No. 1307 Hanover St., 23rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 4 1908

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Berger

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary C. Steinbach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs Mary Berger (Mother)
(Address) 1304 Hanover St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Aug. 21, 1934

UNDERTAKER Fred A. Krause & Son
(Address) 208 S. Hanover St

Aug 20 1934 . 19 Registered

Examiner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 1933 to Aug 18, 1934.

I last saw her alive on Aug 18, 1934 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Valvular Heart Disease	8 Months
Other contributory causes of importance: Cardiac Dilatation	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent M. Messina M. D.

(Address) 102 W. Ostend St

F 04131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04131

CERTIFICATE OF DEATH

X 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N Broadway St., 7-01 Ward)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth 37 yrs. — mos. — ds.

2. FULL NAME Annie W. Mansfield

(a) Residence: No. Cape May Road Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: George F. Mansfield

6. DATE OF BIRTH (month, day, year): NOV 11-1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): England

13. NAME: William Whittle

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

INFORMANT: George W. Mansfield

(Address) Cape May Rd Essex

BURIAL, CREMATION, OR REMOVAL

Crmtd Ridgl Cemetery Date aug 20. 1934

UNDERTAKER: Chas. G. Rieth

(Address) 742 W. Preston Ave

FILED ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): aug 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/5/34, 1934 to 8/18, 1934

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 6.32 p.m.

The principal cause of death and related causes of importance were as follows:

Cause of Illness

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Surg. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley Whittle, M. D.

(Address) 33 Chesley Court

D. B. 12[illegible] F 04132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04132

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428.N.Robinson St St., 26 Ward)

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald R Podgurski.

(a) Residence: No. 428.N Robinson.St. 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day, year) Aug.9.1934

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Podhurski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Matilda Adams.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Matilda Podgurski (mother)

(Address) 428.N Robinson st.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug. 21 1934

19. UNDERTAKER Tilly & Kuhlmann

(Address) 403 Wolfe st.

FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/34

22. I HEREBY CERTIFY, That I attended deceased from 8/1/34 to 8/19/34

I last saw h[illegible] alive on 8/18/34 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 3½ months	
Other contributory causes of importance:	
Acidosis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Jos. V. Castagna M. D.

(Address) 104 W. Madison St.

D. H. 1268-9

F 04133

04133 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Potomac St., 7-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Andrew Rachuba

(a) Residence: No. 723 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66 63

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Robert Rachuba
(Address) 616 S. Potomac St

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus C Date Aug 21st, 1934

UNDERTAKER George A. Kibler
(Address) 705 S. Ann St.

Aug 20 1934 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1934 to Aug. 20, 1934

I last saw him alive on Aug. 19, 1934 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	old
Other contributory causes of importance: Pulmonary oedema	3 day

Name of operation Date of

What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

DR. I. B. BRONUSHAS M. D.
(Signed)

2037 O'DONNELL ST.
(Address)

D. B. 1268-9

F 04134

04134 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Found in harbor at foot of Broadway St. 2 Ward)

TY OF BALTIMORE: (No. .....

gth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Paul Wechsler

(a) Residence: No. 1728 Thames St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Wechsler

ATE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Frank Stien (Lorbiecki)
(Address) 711 S. Bond St.

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cemetery Date Aug 21st, 1934

UNDERTAKER George A. Weber
(Address) 305 S. Town Street

FILED Aug 22, 1934 Registrar

Assistant Director Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	?

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably accidental ? Date of injury ....., 19.....

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fall in harbor

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine, M. D.
Coroner

(Address) 16 South Broadway

...-2-29-28—L. F. S.—500 Bks.

F 04135

4135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓

REGISTERED NO.

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 922 Ensor ST., 10-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Harry Little

(a) RESIDENCE NO. 922 Ensor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	Divorced

married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

ATE OF BIRTH (month, day, and year) Feb 29-1872

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	20	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto City, Md

10 NAME OF FATHER Joseph Harry Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Miss Margaret Palmer

(Address) 922 Ensor St

...1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1934, to Aug 19, 1934

that I last saw h[illegible] alive on Aug 18, 1934

and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. DiStefano M. D.

Aug 20, 1934 (Address) 407 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evans Presbyterian Cem

DATE OF BURIAL Aug-22, 1934

20 UNDERTAKER Wilton Schilling

ADDRESS 1122 E. Monument St

D. B. 1268-9

F 04136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04136

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 2-01

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Chenven

(a) Residence: No. 132 So Ann St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Chenven

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Chenven

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mollie (unknown)

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Chenven (son)

(Address) 2105-7 Ave Brooklyn, N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place New York, N.Y. Date 8-20 1934

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balt. St

20. FILED ..... Wm. Lingan Wilkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident (Pathological hemorrhage with complicating cystitis)	Aug 19 1934

Other contributory causes of importance:

Bronchio Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgery Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph L. Yaholkowski M.D. Coroner

(Address) 16 Druid Pk Drive

D. F 04137 F 04137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Princeton Place St. 12-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jones

(a) Residence: No. 300 Princeton Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sylvester Jones

DATE OF BIRTH (month, day, year)

AGE Unknown if practically	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Parker's Creek Calvert Co. Maryland

13. NAME Thomas Browman

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

INFORMANT Miss Jennie Booth

(Address) 300 Princeton Place

BURIAL, CREMATION, OR REMOVAL Saint Thomas Church Cemetery Aug 21 1934

Calvert County Md.

UNDERTAKER Robert L. Carberry

(Address) 804 N. Caroline St

FILED Aug 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934, to Aug 19, 1934

I last saw her alive on Aug 18, 1934 Death is said to have occurred on the date stated above, at 3:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 18 '34

Other contributory causes of importance:

Hypertension
Arteriosclerosis
Hypertensive Cardiac Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. S. Julian, M. D.

(Address) 423 E. 23rd St.

D. P. 1268-9

F 04138

138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. St., 21-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Jacobs

(a) Residence: No. 1110 Warner st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Jacobs

6. DATE OF BIRTH (month, day, year) Feb. 14, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Jacobs

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date Aug 21 1934

19. UNDERTAKER Sandy Spring National Cemetery
(Address) Joseph A. Lively 4 Fifth Street Cat

20. FILED 1934 Huntington Whitmore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to August 17, 1934

I last saw h im alive on August 17, 1934 Death is said to have occurred on the date stated above, at 9.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leon H. Feldman M. D.
(Address) Baltimore City Hospitals

B. 1268-9

MF 04139

4139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hospital (Ward)

Length of residence in city or town where death occurred 3 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cecelia Lamotte

(a) Residence: No. 2763 Alameda Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 31-1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME L. Carroll Lamotte

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Cecelia V Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT L. Carroll Lamotte
(Address) 2763 Alameda Ave Baltimore Md

BURIAL, CREMATION, OR REMOVAL
Place Hanover, Pa Date aug 22 1934

UNDERTAKER Edw Tipton
(Address) Hampstead Md

31834 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20 1934

22. I HEREBY CERTIFY, That I attended deceased from none 19 to 19
I last saw her alive on none 19 Death is said to have occurred on the date stated above, at 11 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-29 1934
Where did injury occur? Charles & 26th Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto in which she was riding, struck a Tree
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wash Pokorny M. D.
(Address) 2700 E Madison St

D. B. 1268-9

F 04140

HEALTH DEPARTMENT—CITY OF BALTIMORE

4140

CERTIFICATE OF DEATH

87-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ~~Here if Outside~~ St. 93-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas C. Ridge

(a) Residence: No. 1618 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mrs Ridge

14. BIRTHPLACE (city or town) (State or country) Oklahoma

15. MAIDEN NAME Ethel Linderborn

16. BIRTHPLACE (city or town) (State or country) New Jersey

INFORMANT Mrs Thos. Ridge (Mother)

(Address) 1618 S Charles St

17. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Aug 21, 1934

18. UNDERTAKER Fred. A. Trayle & Son

(Address) 103 Hanover St

Filed Aug 20, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1934 to Aug 19, 1934

I last saw him alive on Aug 19, 1934 Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess?	
Agenesis internal hydrocephalus?	

Other contributory causes of importance:

Increased intracranial pressure

Name of operation and but brain has not been opened yet Date of

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Makover, M. D.

(Address) Sinai Hospital

1934

F 04141

F 04141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. 501 BALTIMORE, MD St., 1-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Stella Sztajnert

(a) Residence: No. 632 S. Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced WIFE of Joseph Sztajnert

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME of Parents Domestic

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Lewandzki

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Joseph Sztajnert
(Address) 632 S. Belnord ave

BURIAL, CREMATION, OR REMOVAL
Place Garland Memorial Date Aug 21, 1934

UNDERTAKER John M. Weber & Co
(Address) 421 S. Chester Ave

FILED Aug 21 1934 No. 5-1172 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1934, to August 18, 1934

I last saw her alive on August 18, 1934. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Perforation left thumb	
2. Cellulitis and lymphangitis left hand & arm	
3. Septicaemia?	

Other contributory causes of importance:

1. Diabetes mellitus

Name of operation Incision & Drainage left hand & arm Date of 8-17-34

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 04142

F 04142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Lake Ave St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Scharf

(a) Residence: No. 2810 Lake Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE~~ Lilla Scharf

7. DATE OF BIRTH (month, day, and year) Nov 5th 1890

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	14	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lebow Bros

11. Date deceased last worked at this occupation (month and year) July 1934

12. Total time (years) spent in this occupation 12

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. NAME George D Scharf

15. BIRTHPLACE (city or town) (State or country) Balto Md

16. MAIDEN NAME Eleanora Brown

17. BIRTHPLACE (city or town) (State or country) Balto Md

18. INFORMANT Samuel L. Scharf

(Address) 2808 Lake Ave

19. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug 22nd 1934

20. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

AUG 21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to Aug 19 1934

That saw h[illegible] alive on Aug 18 1934 Death is said to have occurred on the date stated above, at 2 4 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Glioma (Brain Tumor)

Date of onset

Other contributory causes of importance:

Terminal Bronchial Pneumonia

Name of operation Flap in Skull Date of 8/9/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Howard Donally M. D.

(Address) 817 Park Ave

F 04143

F 04143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Stafford St. 20-01 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeanette Elizabeth Sanders

(a) Residence: No. 3205 Stafford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of George R. Sanders

6. DATE OF BIRTH (month, day, year) Nov 8th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

13. NAME Richard R Pearce

14. BIRTHPLACE (city or town) (State or country) Rock Hall Md

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George G. Sanders

(Address) 3205 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 21st 34

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1934, to Aug 19, 1934

I last saw her alive on Aug 18, 1934 Death is said to have occurred on the date stated above, at 12 19 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	?
Other contributory causes of importance: Gen'l. Cancerousness	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunbar M. D.

(Address) 2151 Wilkens ave

D. B. F-8-9 F 04144 ✓ F 04144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4214 Elsa Terrace St., 13-01 Ward)

Length of residence in city or town where death occurred: 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George L. Waltman

(a) Residence: No. 4214 Elsa Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Mollie Waltman

DATE OF BIRTH (month, day, year) Jan 4-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pat. Vent Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

12. NAME Martha Kattman

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Ellen Fantay

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs. John E. Clark

(Address) 4214 Elsa Terrace

BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Aug 22 34

UNDERTAKER P. J. Marshall

(Address) 2329 Eutaw St.

FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1934 to Aug 19 1934 that I last saw him alive on Aug 19 1934 Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	...
Other contributory causes of importance:	
Arteriosclerosis	...
Chronic Nephritis	...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. L. C. Richardson M. D.

(Address) 112 W. 33rd St.

F 04145

04145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 4119 Westview Road

CITY OF BALTIMORE: (No. Northwood St. 9-01 Ward)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Laurie Richmond

(a) Residence: No. 4119 Westview Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lester B. Richmond

DATE OF BIRTH (month, day, year) March 14 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis G. Helwig

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Kate Ellen Holmes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louis G. Helwig

(Address) 4119 Westview Ave

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Date Aug 21 1934

19. UNDERTAKER Chas. H. Blatt

(Address) 742 W. North Ave

19. DATE Aug 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4 1934 to Aug. 18 1934

I last saw her alive on Aug 18 1934 Death is said to have occurred on the date stated above, at 12:15 PM

The principal cause of death and related causes of importance were as follows:

Cancer of stomach; carcinomatosis; marked malnutrition

Other contributory causes of importance:	Date of onset

Name of operation Gastric Resection Date of 1/20/34

What test confirmed diagnosis? tissue section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joel T. B. Hiett M. D.

(Address) Medical Arts Bldg.

F 04146

D. B. No. F 04146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Ansquith St., 9-01 Ward)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Leo Stamhoff

(a) Residence: No. 1835 Ansquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mrs Julia Stamhoff

6. DATE OF BIRTH (month, day, year) Aug 13 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	-	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME OF FATHER Francis B Stamhoff

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Margaret J Shee

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Julia Stamhoff

(Address) 1835 Ansquith St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Cemetery Date Aug 22 1937

19. UNDERTAKER Henry Hoeck & Sons Inc

(Address) 1301 E Eager St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7 1937 to August 19 1937

Last saw h[e] alive on August 19 1937 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac dilatation — Date of onset Aug 19 37

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. P. Likavsky M. D.

(Address) 2937 McElderry St

D. B. 1268-9

✓ F 04147

04147 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat St. 28-01 Ward)

Length of residence in city or town where died 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Edward Weikert

(a) Residence: No. Waynesboro, Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse K. Weikert

6. DATE OF BIRTH (month, day, year) Sept 26. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams Co. Pa.

13. NAME OF FATHER James Weikert

14. BIRTHPLACE (city or town) (State or country) Adams Co Pa

15. MAIDEN NAME OF MOTHER Elizabeth Winters

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Walter Shoop

(Address) Waynesboro Pa

BURIAL, CREMATION, OR REMOVAL

Place Gettysburg Date Aug 22 1934

UNDERTAKER Wm. Tedrow & Son

(Address) North St Pa

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22 1934 to Aug. 20 1934

I last saw him alive on Aug. 20 1934 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 Wks
Lung abscess (Rt side)	
Hemorrhage zone on left side at 3rd & 4th Convolution	
Other contributory causes of importance:	
Cortical Aphasia	July 22
Hypertrophied Moderate arteriosclerosis	" " 34

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas P. Alexis M. D.

N.P. (Address) 336 Frederick Ave

F 04148

B 1268-9

3148 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

gth of residence in city or town where death occurred ....yrs....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

FULL NAME Louis Strachan

(a) Residence: No. Eastern Ave + Sewer Rd St., Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) May 5/1934

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Strachan

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Kramer

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Chas. Strachan
(Address) Eastern A. + Sewer Rd

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 8/21/34 19

UNDERTAKER Philip Henry Sons
(Address) 2016 Parkside Ave

8/21/1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Eutaw St

D. B 1268-9

~~F 04149~~ ✓ F 04149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2401 Ailsa Ave. St. 27-A Ward)

gth of residence in city or town where death occurred.....yrs. 1 mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Adam Gross

(a) Residence: No. 2401 Ailsa Ave. St., ... Ward. Maiden Chi
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Gross

ATE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A14

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Sibyl Bates
(Address) 2401 Ailsa Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mayfield Ohio Date Aug. 21 1934

UNDERTAKER Leonard J. Ruck
(Address) 5305 Belair Rd.

1934 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 6.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug. 20 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M.D.
(Address) 1610 Bolton Street
Coroner

B. B. 1268-0

F 04150

04150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-01 Ward)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Goldstein

(a) Residence: No. 134 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Posie Megrach

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gittle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Winkler

(Address) 120 Jackson Al.

18. BURIAL, CREMATION, OR REMOVAL Woodmen Interment Aug 21 1934

Place Date

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st.

[redacted] 19 Witness Registrar.

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1934 to August 21, 1934

I last saw her alive on August 20, 1934 Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio vascular disease (and stenosis mitral)	
Chronic myocarditis	
Cardiac insufficiency	
Embolism of r.t. iliac artery	
Bilateral gangrene of legs left femoral artery	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Paul A. Govar M. D.

(Address) Sinai Hospital

D. P. 1268-9

F 04151

4151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Lemsdale

CITY OF BALTIMORE: (No. ..... St., 37-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Goldberg

(a) Residence: No. Belvedere Freemping Sts. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of: Unknown

6. DATE OF BIRTH (month, day, year): 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Anna Holland

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Sig. X. Neal Supt.

(Address) Belvedere Freemping Sts.

17. BURIAL, CREMATION, OR REMOVAL: Mt. Carmel Rd. Date Aug 21 1934

18. UNDERTAKER: Sol Levinson Bro

(Address) 1127 E Balto St.

AUG 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1931, to 8-21, 1934

I last saw h[illegible] alive on 8-20, 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

1. Cerebral Embolism, disease — Date of onset

Chr. Nephritis

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levy, M. D.

(Address) Lemsdale

04152 F 04152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens Ave, St. 28-W Ward)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Greenberg.
(a) Residence: No. 100 Walnut Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.
13. NAME ~~Mrs Elizabeth Greenberg~~
14. BIRTHPLACE (city or town) (State or country) Pa.
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT Mrs. George Wagner
(Address) 1000 Wilmington Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8-24-1934
19. UNDERTAKER J. A. Morgan
(Address) 2003 E Balto St

AUG 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-10-33, 1934 to 8-20-, 1934
I last saw h-- alive on Aug 20, 1934 Death is said to have occurred on the date stated above, at 2.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of uterus & adnexa, toxemia & emaciation	

Other contributory causes of importance:
Hemorrhage
Partial intestinal obstruction

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Dunler M. D.
(Address) St Agnes Hospital

Interior Warrant, Md.

D. B. 1268-9

F 04153

2153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Lansing Ave. Ward 8-01)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis C. Desch

(a) Residence: No. 1713 Lansing Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Desch

DATE OF BIRTH (month, day, year) Sept 20-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. Off

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Lewis Desch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Lewis Desch

(Address) 1705 Lansing ave

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Aug 22 1934

UNDERTAKER Dorsey & Sons-Hoen

(Address) 500 Cathedral Ave

FILED Aug 22 1934 Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to August 20 1934

I last saw him alive on August 19 1934 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Jan 1933
Cardiac Decompensation	
Senile Arteriosclerosis	
Other contributory causes of importance:	
Cardiac Dilatation and Secondary Anemia	7 days

Name of operation ____ Date of ____

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Albert Greenberg M. D.

(Address) 2025 E. North Ave.

D. B. 1268-9

F 04154

4151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. M. Hosp - 33rd & Calvert St.) (12-01 Ward)

Length of residence in city or town where death occurred about 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Robert A. Fisher.

(a) Residence: No. Bel Air, Md. R.F.D. #2 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 13, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Richard D. Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Dublen

16. BIRTHPLACE (city or town) (State or country) Phila, Penn.

INFORMANT Mrs. Mary Esther Freem

(Address) Elle Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 8-22nd 1934

UNDERTAKER Henry W. Jenkins Son & Co

(Address) Richard & Eutaw Sts.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to August 20, 1934

I last saw him alive on August 13, 1934 Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis, Pulmonary	1927
~~Hypertension~~	
Arteriosclerotic Heart Disease	4 yrs.

Other contributory causes of importance:

~~Chronic Cystitis~~

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Garis, M. D.

(Address) Lenox Memorial Hosp

C—1-12-23—V&T—500 Blks.

04155

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04155

CERTIFICATE OF DEATH.

191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Carolina ST., 10-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mackall

(a) RESIDENCE NO. 920 N. Carolina ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Mackall

DATE OF BIRTH (month, day, and year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1881	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer Mrs M Foulkes Balto.

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Chas Bennett

11 BIRTHPLACE OF FATHER (city or town) Balto - (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Bennett

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

Informant Youngest Brother

(Address) Robt Bennett

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1934

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to Aug 20, 1934

that I last saw her alive on Aug. 20, 1934

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Nervous Prostration

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Sunstroke

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? no medical

(Signed) J. H. Walters M. D.

, 19 (Address) 1606 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL aug 23 1934

20 UNDERTAKER Lattie Gross

ADDRESS 1408 ashland

B 1268-9

Dypsky

84156 HEALTH DEPARTMENT—CITY OF BALTIMORE 84156

Dypsky

CERTIFICATE OF DEATH

V 210-002

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hosp. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Julius Dypskis.

(a) Residence No. 2824 Dillon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Dypsky.

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Austria

NAME unknown

BIRTHPLACE (city or town) (State or country) Austria

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) Austria

FORMANT Catherine Dypsky.

(Address)

RIAL, CREMATION, OR REMOVAL

Date Aug 22 19

NDERTAKER Stephen J. Kashowski

(Address) 706 S. Kenwood Ave

LED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/34

22. I HEREBY CERTIFY, That I attended deceased from

Virgin , 19 , to Virgin , 19 . Death is said

I last saw h alive on Virgin 10:3? m.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Crushed Chest - Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/19/34

Where did injury occur? Wise Ave in Bear Creek (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was riding in collided with another auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Pokorny M. D.

Coroner

(Address) 3208 E. Monument

D. P. 1268-9

F 04157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-01 Ward)

Length of residence in city or town where death occurred 5-9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Stanley

(a) Residence: No. 38 Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosie (Lee)

6. DATE OF BIRTH (month, day, year) Aug 3, 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

9. Date deceased last worked at this occupation (month and year) | 10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Virginia

12. NAME James

13. BIRTHPLACE (city or town) (State or country) Va

14. MAIDEN NAME Mary ?

15. BIRTHPLACE (city or town) (State or country) Va

16. INFORMANT Records

(Address) Balt City Hosp

17. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Aug 21, 19[illegible]

18. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] Huntington [illegible] Registrar

AUG 21 1934

0652

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1937 to Aug 16, 1937

I last saw h[illegible] alive on Aug 16, 1937 Death is said to have occurred on the date stated above, at 3 or A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magill, M. D.

(Address) Balt City Hosp

F 04158

D. B. 1269-9

158 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-21 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Medford Bowley

(a) Residence: No. 1424 Ulrick Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

13. NAME Irwin Bowley

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

15. MAIDEN NAME Susan Cornish

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 21, 1934

19. UNDERTAKER
(Address)

20. FILED 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933 to August 15, 1934

I last saw him alive on August 15, 1934 Death is said to have occurred on the date stated above, at 3.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1933
Pyopneumothorax	2 weeks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leon H. Feldman, M. D.
(Address) Baltimore City Hospitals

D. B. 1268-9

F 04159

04159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? 43 yrs. — mos. — ds.

2. FULL NAME Eliza Frances Iseli

(a) Residence: No. Wymer St., West Virginia Ward. Elkins - W. Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced WIFE of John C Iseli

DATE OF BIRTH (month, day, year) Feb 10 1891

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	1891	7 Feb 6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Wymer West Virginia

13. NAME S. R. Summerfield

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME M. J. Hedrick

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mr John C. Iseli (husband)

(Address) Elkins - W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Elkins W Va Date Aug 21 1934

19. UNDERTAKER Stewart & Moore Co

(Address) 108 E Main Ave

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1934 to Aug 21, 1934.

I last saw h..... alive on Aug 21, 1934. Death is said to have occurred on the date stated above, at 2:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloglenous Leukemia	1929

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Glenn Wilson Fiden M. D.

(Address) Women's Hospital Baltimore, Md.

1934

D. B. 1268-9

F 04160

04160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Liberty Heights Ave. Ward) 15-6

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Rogers Monroe Ross

(a) Residence: No. 3200 Liberty Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Virginia Ross

DATE OF BIRTH (month, day, year) January-12-1879

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	7	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Mgr of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Claim Ins. Md. Co. Inc.

10. Date deceased last worked at this occupation (month and year) Aug-03-34. 11. Total time (years) spent in this occupation 29 yrs

BIRTHPLACE (city or town) Balto.
(State or country) Maryland

13. NAME Richard E Ross

14. BIRTHPLACE (city or town) Probably in.
(State or country) Rockville Md.

15. MAIDEN NAME Josquanna Monroe

16. BIRTHPLACE (city or town) Probably in
(State or country) Rockville Md.

INFORMANT Mrs Mary V. Ross - wife
(Address) 3200 Liberty Heights Ave

BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date Aug 23, 1934

UNDERTAKER Stewart & Company
(Address) 128 W Fayette Ave.

Filed Aug 23 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to Aug 21st 1934

I last saw h.im alive on Aug 21st 1934. Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	8/20/34
Other contributory causes of importance:	
Arteriosclerosis	
Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. E. Magruder, M. D.

(Address) 14 E Read St

F 04161

D. B. 1268-9

04161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St., 11-84 Ward)

Length of residence in city or town where death occurred yrs. mos. 35 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles W. Fishbaugh

(a) Residence: No. Glyndon Md. St., Ward. Glyndon, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edith A Fishbaugh

DATE OF BIRTH (month, day, year) June 11 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Contracting

9. Date deceased last worked at this occupation (month and year) August 1933

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Glyndon Md.

13. NAME Nicholas H. Fishbaugh

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

15. MAIDEN NAME Martha Adams

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Margaret Fishbaugh Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Asbury M E Cem Date Aug 24 1934

19. UNDERTAKER J T Elmore & Son

(Address) Reisterstown Md

20. FILED 1934 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17th 1934 to August 21 1934

I last saw him alive on August 21 1934. Death is said to have occurred on the date stated above, at 3 15 p.m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor — Date of onset July 17th 1934

Other contributory causes of importance: Bronchio-Pneumonia — Date of onset Aug 20 1934

Name of operation Craniotomy — Date of 7-19-34

What test confirmed diagnosis? Above — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H Barnabo, M. D.

(Address) Maryland General Hosp

D. F. 1268-9

F 04162

162 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-W Ward)

Length of residence in city or town where death occurred yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julian Bentley

(a) Residence: No. 0 Clarksville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarinda Bentley

6. DATE OF BIRTH (month, day, year) Jan 19 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Bentley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Ann Byers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Highland Memorial Cem Date August 23 1934

19. UNDERTAKER Joseph A. Lively
(Address) 709 N. Mount Street

20. FILED 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/15/34 1934 to 8/20/34 19

I last saw him alive on Aug 20 1934. Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Campbell M. D.

(Address) Mercy Hospital

B 1268-9

F 04163

4163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) Provident Hosp St., 17-01 (Ward)

th of residence in city or town where death occurred? ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Sallie Stynes

(a) Residence: No. 219 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Oct 9-1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	10	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year) L. C. | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Richard Williams L. C.

. NAME

. BIRTHPLACE (city or town) (State or country) Mary E Palsick L. C.

. MAIDEN NAME

. BIRTHPLACE (city or town) (State or country)

NFORMANT Brother Hardeman

(Address) 209 W. 24 St.

URIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Aug 23 19 34

NDERTAKER Adolphus Halstead

(Address) 962 Edmondson Ave

Huntington, West Virginia

Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Low tension	

Other contributory causes of importanre:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H E Funk Coroner, M. D.

(Address) Coroner

B 1268-9

F 04164

HEALTH DEPARTMENT—CITY OF BALTIMORE

4164

CERTIFICATE OF DEATH

XV 157-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) John Hopkins Hospital (Ward)

th of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Leo Pissott

(a) Residence: No. Wilkinsburg Pa St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

... married, widowed, or divorced)
HUSBAND of
(or) WIFE of Infant

ATE OF BIRTH (month, day, year) April 19-1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wilkinsburg Pa

2. NAME Fredrick Pissott

3. BIRTHPLACE (city or town) (State or country) Wilkinsburg Pa

4. MAIDEN NAME Mary Lampmon

5. BIRTHPLACE (city or town) (State or country) Kingston Pa

INFORMANT Fredrick Pissott

(Address) Wilkinsburg Pa

BURIAL, CREMATION, OR REMOVAL

Place Wilkinsburg Pa Date 8/21 1934

UNDERTAKER Joseph Ahrens

(Address) 234 Ring

Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	August 18-34
Other contributory causes of importance:	
Hydrocephalus	April 19-34
Name of operation Inguinal	August 21 34

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Joseph L. Valentine M. D.

Coroner

(Address) 16 So Broadway

F 04165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 176

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 N Central Ave 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME Joseph E Denn

(a) Residence: No. 1303 N Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret M Denn

DATE OF BIRTH (month, day, year) Feb 10 877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	54	6	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 430

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asst Comst Engineer

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME James Denn

11. BIRTHPLACE (city or town) (State or country) Maryland

12. MAIDEN NAME Martha Linthicum

13. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Margaret Denn

(Address) 1303 N Central Ave

BURIAL, CREMATION, OR REMOVAL Date 8/23 34

Place Cathedral Cem

UNDERTAKER Geo A Tilley

(Address) Fulton & Fayette

FILED Aug 24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20 34

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1934 to 8/20 1934

last saw h alive on 8/09 1934 Death is said to have occurred on the date stated above, at 1309 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Voss M. D.

(Address) 1716 N Calvert St

F 04166

F 04166

8931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Murray

(a) Residence: No. 2415 Mace St., Ward. Oden 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Hattie

DATE OF BIRTH (month, day, year): 3-31-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 623

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): md

12. NAME Wesley Murray

13. BIRTHPLACE (city or town) (State or country): Ind

15. MAIDEN NAME Sarah Coleman

16. BIRTHPLACE (city or town) (State or country): Ind

INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 8/22/34 1934

UNDERTAKER Archibald E. Snyder

(Address) 210 N. Caroline St.

FILED ..... 19 ..... Registrar

22193[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1934 to Aug 20 1934

I last saw him alive on Aug 20, 1934. Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

acute bacterial endocarditis — June 1934

~~probably gonococcal~~

aortic insufficiency

myocardial failure

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard Franse, M. D.

(Address) Johns Hopkins Hosp.

D. P. 1268-9

F 04167

F 04167

F 04167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Armstead

(a) Residence: No. 1842 Eagle St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/31/33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Md

12. NAME McKinley Armstead

13. BIRTHPLACE (city or town) (State or country) Va

14. MAIDEN NAME Esther Moore

15. BIRTHPLACE (city or town) (State or country) Va.

16. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 22 1934

18. UNDERTAKER Wm. Estate L. Williams

(Address) 32 W. Pratt Baltimore, Md.

19. FILED Aug 22 1934 Registrar. Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 to Aug 20, 1934

I last saw him alive on Aug 20 1934 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea, Dysentery ?	
Malnutrition	
Otitis media.	
	over

Other contributory causes of importance: X

Name of operation X Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schumacher, M. D.

(Address) J. H. Hospital

F 1268-3

04168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04168

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) Provident Hosp. St., 17-01 Ward)

th of residence in city or town where death occurred yrs. ds. How ng in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vernon Floyd

(a) Residence: No. 1125 Sheild St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male Col

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word) Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Oct 21-1929

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent on this occupation

Baltimore

IRTHPLACE (city or town) (State or country)

Emanuel Floyd

NAME

Parsley Va.

BIRTHPLACE (city or town) (State or country)

Ellen Murray

MAIDEN NAME

Baltimore Md.

BIRTHPLACE (city or town) (State or country)

Allen Floyd.

NFORMANT

1125 Hoffman

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 22. 1934

UNDERTAKER Walter R. Williams

(Address) 322 N. Schroeder Street

AUG 22 1934 19

Registrar.

Huntington Interred N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Accident

Date of onset

1/2nd degree burns

Other contributory causes of importance

Hot tea.

Name of operation Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Injury occur Aug 19 1934

Where did injury occur? 1125 Sheild

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Hot tea

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Blick Mosher Coroner M. D.

(Address)

F 04169

F 04169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wallace Seeal (Lee)

(a) Residence: No. 624 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Apr 17 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Seeal

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Effie Bowling

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date 8-23 34

UNDERTAKER Mrs Katie R. Williams
(Address) 222 N. Gilmor Street

UG 22 1934 Frederick, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1934 to Aug 20 1934.

I last saw him alive on Aug 20 1934. Death is said to have occurred on the date stated above, at 3:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	June 1
Other contributory causes of importance: Pulmonary edema	Aug 19

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar L. Campbell M. D.

(Address) Mercy Hospital

F 04170 ✓ F 04170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 15-84 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence Harcum

(a) Residence: No. 1619 Prestmann st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Harcum

DATE OF BIRTH (month, day, year) Dec. 30, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis William

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rebecca Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 22, 1934

UNDERTAKER C. G. Brooks

(Address) 1463 W. Lanvale St

FILED 8-22-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1934, to August 19, 1934

I last saw him alive on August 19, 1934 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Jacobson M. D.

(Address) Baltimore City Hospitals

B 1268-9

04171 HEALTH DEPARTMENT—CITY OF BALTIMORE 04171

CERTIFICATE OF DEATH

166

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Foot of Bond St. 4-01 Ward)

rth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nunzia Vessineo

(a) Residence: No. 629-W. Baltimore Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of ------

ATE OF BIRTH (month, day, year) About 1902

E Years	Months	Days	If LESS than 1 day, hrs. or min.
out 30-yrs			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textle Mills

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Salvatore Vessineo

4. BIRTHPLACE (city or town) (State or country) Itely

5. MAIDEN NAME Theresa LaCola

6. BIRTHPLACE (city or town) (State or country) Italy

NFORMANT Randolph Vessineo

(Address) 415 Forrest Street

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/23/34 19

UNDERTAKER

(Address)

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h— alive on —, 19... Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	
Probable Suicide.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Aug 18, 1934

Where did injury occur? Foot of Bond (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Prob. Suicide

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) B. Ottenberg M.D., M. D.
Coroner

(Address) 1305 Eutaw Place

172

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04172

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 226 N. Luzerne Ave. St., 6-01 Ward)

gth of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary T. Mister

(a) Residence: No. 226. N. Luzerne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 21, 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	9 10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Deal Island Md.
(State or country)

13. NAME Richard J. Mister

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Melenda Webster

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Mrs. Bertha Mister
(Address) 226 N. Luzerne Ave.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug 22, 1934

UNDERTAKER John Ulrich & Sons
(Address) 2202 Eastern Ave.

AUG 22 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Aug. 21, 1934
I last saw h... alive on Aug 18, 1934. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis ?

Date of onset ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Eugene L. Cerruzzo, M. D.

(Address) 514 Drury Lane

F 04173

2173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 S. Fulton Ave. St., 18-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis C. Heinzenberger

(a) Residence: No. 334 S. Fulton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Heinzenberger (Pole)

DATE OF BIRTH (month, day, year) April 28, 1868.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	3	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 079

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Iron Worker

8. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ludwig Heinzenberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Oswald

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida M. Heinzenberger
(Address) 334 S. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Western Cemty. Date Aug. 4 1934

UNDERTAKER Geo. J. Kupfer
(Address) 1101 Edmondson Ave.

FILED AUG 22 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1931. to Aug. 21 1934
last saw h alive on Aug 21 1934 Death is said to have occurred on the date stated above, at 7.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Hypertension	
Other contributory causes of importance: Acute Cardiac Dilatation	8/20/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) S. H. Bannon M. D.

(Address) 436 E. 90th Street

F 04174

D. R. 1268-9

04174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Bond St. St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Andrew Kaufman

(a) Residence: No. 1637 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 27, 1851.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 01
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Nicholos J. Kaufman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Demuth

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Emma Shannon
(Address) 1637 N. Bond St.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug. 22/34

UNDERTAKER Lang & Lutz
(Address) 4101 Edmondson Ave.

FILED AUG 22 1934 Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 '22, 1934, to Aug. 19, 1934
I last saw him alive on Aug. 19, 1934 Death is said to have occurred on the date stated above, at 7:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1932
Other contributory causes of importance: arteriosclerosis	1929

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Sandrock M. D.
(Address) Medical Arts Building

✓ F 04175

D. B. 1268-9

04175 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Locust St. St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William J. Kircher

(a) Residence: No. 1625 Locust St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia L. Kircher (nee Haas)

DATE OF BIRTH (month, day, year) May 13, 1869.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Bldg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis Kircher

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Preller

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Wm. J. Kircher

(Address) 1625 Locust St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug. 19 34

UNDERTAKER Ferd. H. Wirth

(Address) 101 Edmondson Ave.

FILED AUG 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1934 to Aug 13, 1934

That I saw him alive on Aug. 13, 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	
Chronic Interstitial Nephritis	
Other contributory causes of importance:	
Uremia	Aug 11

Name of operation ..... Date of .....

What test confirmed diagnosis clinical & lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. H. Barranco, M. D.

(Address) 436 E Fort Ave

—1-30—M. & T.—250 Blks

04176

✓ F 04176

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 230 N Arlington Ave (WARD) 18-01

2-FULL NAME Bertha Sheppard

(a) RESIDENCE NO. 230 N Arlington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
(or) WIFE of Robert H. Sheppard

6 DATE OF BIRTH (month, day, and year) Oct 25 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (City or town) Wilmington Del
(State or country)

10 NAME OF FATHER John W Segars

11 BIRTHPLACE OF FATHER (City or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) Unknown
(State or country)

14 Informant Robert H. Sheppard
(Address) 230 N. Arlington Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20, 1934

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1934 to Aug 20, 1934
that I last saw h[illegible] alive on Aug 18, 1934
and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of
Vertebral Column
Sacro Iliac Joint
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

19 (Address) 601 Harrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

20 UNDERTAKER Francis A. Kemsley

DATE OF BURIAL 8/23 1934

ADDRESS 578 W. Fayette St

D. B. 1268-0

Manakee

F 04177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04177

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 St Paul St. 12-01 Ward)

Length of residence in city or town where death occurred 21 yrs. 1 mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Douglas Manakee

(a) Residence: No. 2535 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16-1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Manakee

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME of Mother Mary Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Luther J. Manakee
(Address) 2535 St Paul St

BURIAL, CREMATION, OR REMOVAL
Place Cadomin Date Aug 24 1934

UNDERTAKER Patterson & Co
(Address) 2220 N Charles St

AUG 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from 6.4.34 19... to 8.22.34. 1934

I last saw him alive on 8.21.34 19... Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibro Mixed Carcinoma multiple	4 yrs ago

Other contributory causes of importance:

Name of operation Removal R. leg. Date of 4 yrs ago

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) Philip B. Torsen M. D.

(Address) 1423 William St.

D. B. 1268-9

F 04178

04178 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S. Washington St., 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Jean Weller

(a) Residence: No. 202 S Washington St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 10th 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

12. NAME John A. Weller Jr.

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

14. MAIDEN NAME Mary G. Bowling

15. BIRTHPLACE (city or town) (State or country) Balto. Md.

16. INFORMANT John A. Weller Father

(Address) 202 S Washington St

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date aug. 24th 1934

UNDERTAKER Lilly & Sons Inc

(Address) 408 S Eutaw St

FILED AUG 22 1934 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug. 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1934 to Aug. 21 1934

I last saw her alive on Aug. 21 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	1 day
Gastro-enteritis	1 week
Dehydration + Starvation acidosis	5 days

Other contributory causes of Importance:

Premature birth

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Lipsey M. D.

(Address) 437 S Patterson Park Ave

F 04179 ✓ 2037 PK F 04179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No. 27901

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S. If of foreign birth W yrs. mos. ds.

2. FULL NAME Rose Ostrowsky

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lazer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sherman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Zaysha

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Levindale Date 8/22 1934

UNDERTAKER
(Address)

AUG 22 1934 Washington Hebrew, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21/34

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1934 to 8-21 1934

I last saw h[illegible] alive on 8-21 1934 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease	
Hypertension	
Arteriosclerosis	

(Other contributory causes of importance)
Cerebral degeneration

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Levindale

B 1268-9

04180 HEALTH DEPARTMENT—CITY OF BALTIMORE 04180

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH Pronounced dead at Universal Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Washington Blvd. at Elkridge St., 4-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Virginia C. Ross. (C)

(a) Residence: No. 303- W St. N. W. Washington D.C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

TE OF BIRTH (month, day, year) November 25 1916

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Charlotte, N.C.

. NAME John Ross. (C)

. BIRTHPLACE (city or town) (State or country) North Carolina.

. MAIDEN NAME Willie Walker. (C)

. BIRTHPLACE (city or town) (State or country) Virginia.

NFORMANT Willie Ross. (C) mother.

(Address) 303- W St. N. W. Washington D.C.

URIAL, CREMATION, OR REMOVAL

Pl Woodlawn 10C 8-24-34

NDERTAKER James A. Sayes

(Address) [illegible]

AUG 22 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull, fracture of both legs. Head on collision of two automobiles.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury 8/21/34 19

Where did injury occur? Washington Blvd. Elkridge
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway.

Manner of injury Head on automobile collision

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto F. Reinardi M. D.

8/22/34 (Address) 101 E. Charles St. Coroner

ec.—9 30—A. & Co.—250 Bks

04181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 04181

CERTIFICATE OF DEATH. 82-001

1 PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No 1526 W. Lexington ST. 19-81 WARD)

2 FULL NAME Julia Keppler

(a) RESIDENCE NO 1526 W. Lexington. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 30, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80 81		3	23 20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York City

10 NAME OF FATHER Jacob Keppler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Louis Keppler 1526 W. Lexington, St.

G 22 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20, 1934

17

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1934, to Aug 20, 1934

that I last saw her alive on Aug 20, 1934

and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:

Senility

not known
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension + Cerebral Haemorrhage (duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No ——

What test confirmed diagnosis? Physical Exam

(Signed) C P Rostering M. D.

, 19 (Address) 2623 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 8/23 1934

20 UNDERTAKER: Frederick A. Cole

ADDRESS: 2324 Lombard

F 04182

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04182

V 50

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Julia Schwartz Schwartzberg

(a) Residence: No. 3208 Yorkwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Schwartzberg

DATE OF BIRTH (month, day, year) June 6 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	2	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County

9. NAME John Schwartz

10. BIRTHPLACE (city or town) (State or country) Baltimore County

11. MAIDEN NAME Lena Deil

12. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Jeff Ridgewell

(Address) 1411 Gorsuch Ave Balto

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8-23 1934

UNDERTAKER Edw. Fowlson

(Address) 2399 Gwynn Oak Ave.

DATE 8-22-1934 Herrington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Carcinoma	
	May 1933

Other contributory causes of importance:

Name of operation Ligating Date August 21-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Volentine M. D.
Coroner

(Address) 16 So Broadway

F 04183

F 04183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

58930 Md

59

PLACE OF DEATH JOHNS HOPKINS HOSPITAL — St., 5-01 Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) — Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard Phillips

(a) Residence: No. 515 Lemmert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. pb

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Maryland

12. NAME William Phillips

13. BIRTHPLACE (city or town) (State or country) Virginia

14. MAIDEN NAME Mattie Bond

15. BIRTHPLACE (city or town) (State or country) Maryland

16. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 8-28-, 1934

18. UNDERTAKER Byron & Francis C. Wright
(Address) 1218 Mc Elderry St.

19. FILED Aug 20 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1934 to Aug 19, 1934

I last saw him alive on Aug. 19, 1934 Death is said to have occurred on the date stated above, at 1:47 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemochromatosis	4yrs ago
Diabetes mellitus	4yrs ago
Myocardial insufficiency	8hrs ago

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Pearce, M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04184 F 04184

04184 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Cornell St., 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Thornton Watts

(a) Residence: No. 604 Cornell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Watts

DATE OF BIRTH (month, day, year) July 4/77

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Amelia Richardson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Delancy Watts
(Address) 1047 myrtle ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 22 1934

19. UNDERTAKER Thomas E. Kelsey
(Address) 1203 Eutaw pl

AUG 22 1934 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 8 34 to Aug. 19 34

I last saw her alive on Aug 18 34 Death is said to have occurred on the date stated above at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema	
Nephritis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Edmunds M. D.

(Address) 677 Cathedral

D. P. 1268-9

89162 F 04185

HEALTH DEPARTMENT—CITY OF BALTIMORE

04185 93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL St., 11-61 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Green

(a) Residence: No. 1304 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-11-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 23 1934

UNDERTAKER Thomas E. Nelson
(Address) 1303 Pennsylvania Ave

AUG 22 1934 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 19. 1934 to Aug 21. 1934
I last saw him alive on Aug 21. 1934 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary sclerosis with occlusion~~	5 yrs ago
~~Myocardial failure~~	5 yrs ago
Arteriosclerotic heart disease	1929
Coronary occlusion	
Myocardial failure	
Other contributory causes of importance:	
Pulmonary infarct	1 wk ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard Franco M. D.
(Address) Johns Hopkins Hosp.

D. B. 1268-9

04186 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04186

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Sylvester Butler

(a) Residence: No. 2552 McCulloh st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Butler

DATE OF BIRTH (month, day, year) May 9, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 010

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Butler

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Culley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Aug 24, 1934

UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave
AUG 27 1934 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934 to August 20, 1934

I last saw him alive on August 20, 1934 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M W Jacobs, M. D.
(Address) Baltimore City Hospitals

c.—9 30—A. & Co.—250 Bks

F 04187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04187

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

TY OF BALTIMORE: (No Church Home & Inf. ST 6-01 WARD)

2. FULL NAME Betz, Mrs. Mary

(a) RESIDENCE NO. Eastern Ave., ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of Charles Betz
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 11 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Lewis Levi

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eva Hafnagle

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

Informant Charles Betz
(Address) Franklin Ave. Essex

Aug 27 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21-1934

17

I HEREBY CERTIFY, That I attended deceased from 1:00 P.M 8/19, 1934, to 1:A.M 8/21, 1934

that I last saw h[illegible] alive on 8/20, 1934

and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Cholangitis
Hepatitis, acute
Cholecystitis, acute, myocarditis, Chronic unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8-19-34.

Was there an autopsy? No

What test confirmed diagnosis? drainage & operation

(Signed) Richard U. Harvey M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery — DATE OF BURIAL Aug 24 1934

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St.

D. B. 1268-9

F 04188

HEALTH DEPARTMENT—CITY OF BALTIMORE

04188

CERTIFICATE OF DEATH

93-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Md. Gen'l Hosp. St., 12-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Christopher Gross

(a) Residence: No. 2502 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma R. Gross

ATE OF BIRTH (month, day, year) Dec 7 1876

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road (?)

10. Date deceased last worked at this occupation (month and year) 8-14-34

11. Total time (years) spent in this occupation 26

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Herman Gross

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Agnes Carmodia

16. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

INFORMANT (Address) Hosp. Record Md. Gen'l. Hosp.

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Aug. 23 1934

UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-~~14~~14, 1934, to 8-20, 1934

I last saw him alive on 8-20, 1934 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy of Prostate — Date of onset

Other contributory causes of importance:

Acute Myocardial Failure

Name of operation Resection Date of 8-20-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Proctor, M. D.

(Address) Md Gen Hospital

B. 1768-9

F 04189

HEALTH DEPARTMENT—CITY OF BALTIMORE

4189

CERTIFICATE OF DEATH

√ 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3704 Chesalle Place St., 27-01 Ward)

th of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George Heideman

(a) Residence: No. 3704 Chesalle Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Heideman

TE OF BIRTH (month, day, year) April 12 1845

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	87	4	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

3. NAME Unknown

4. BIRTHPLACE (city or town) (State or country) Unknown

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT George Diedeman

(Address) 3709 Chesalle Place

URIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Aug 23 1934

NDERTAKER George W. Zickler

(Address) 1737 E. Eden St.

Hunter Williams

EAD

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of Head	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury Aug 20 1934

Where did injury occur? 704 Chesalle Place
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gunshot wound of Head

Nature of injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. Anderson M.D. M. D.
Coroner

(Address) 1305 N. Calhoun Place

B 1268-9

F 04190

HEALTH DEPARTMENT—CITY OF BALTIMORE

04190

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1721 McCubbin St. St., 7-01 Ward) ✓99

th of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary M. Stevens

(a) Residence: No. 1721 McCubbin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, year) Sept. 15-1855

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Cecil County Maryland

2. NAME Phillips Perkins

4. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

NFORMANT Mrs. Drucilla Gillis

(Address) 412 No. Register St.

URIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8-24 1934

NDERTAKER Robert L. Young

(Address) 804 N. Caroline St

Huntington Williams, M.D.

2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Embolism	Sudden

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Holton M. D.
Coroner

(Address) 16 South Broadway

D. F. 1268-9

F 04191

04191 HEALTH DEPARTMENT—CITY OF BALTIMORE

12,9233

CERTIFICATE OF DEATH

X V 54

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Toiner

(a) Residence: No. Rock Hall md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/9/1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Earl Toiner

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Clara Kelly

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Chapel Cemetery Date Aug 25 1934

19. UNDERTAKER Warren D. Wickings

(Address) Chestertown Md.

20. FILED Aug 25 1934 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1934 to Aug. 21 1934

I last saw him alive on Aug. 21 1934. Death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Aug 19
Other contributory causes of importance:	
Osteomyelitis	Aug 16
Pyarthrosis	Aug 16

Name of operation ... Date of Aug 20

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Schwentker M. D.

(Address) Johns Hopkins Hospital

1934

men

F 04192

HEALTH DEPARTMENT—CITY OF BALTIMORE

4192

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. En route from home St., 7-01 Ward)

th of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Naomi Kroth

(a) Residence: No. Elvaton, Maryland. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 6-1934.

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

2. NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Unknown

11. MAIDEN NAME Lilly Kroth

6. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NFORMANT Lilly Kroth
(Address) Elvaton, Maryland

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 21, 19[illegible]

UNDERTAKER [illegible]
(Address)

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 7.15 A. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph L. Valentine M.D.
Coroner
(Address) 16 E. Lexington

Spec.—9-30—A. & Co.—250 Blks

F 04193

04193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

REGISTERED No.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital ST. 16-01 WARD)

2 FULL NAME Baby Flemmings # 11

(a) RESIDENCE NO. 822 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	S

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 20. 1934

AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 27 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Thomas Flemmings

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C

12 MAIDEN NAME OF MOTHER Gladys Baby

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Gladys Flemmings
(Address) 822 N. Casey St

Filed 8-21 1934 [illegible] Registrar

0655 AFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20, 1934

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Aug 20, 1934

that I last saw h[illegible] alive on Aug 20, 1934

and that death occurred, on the date stated above, at 9.02 P. m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Calvin Blue Comple M. D.

, 19 (Address) 1113 Provident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md DATE OF BURIAL Aug 21 19 34

20 UNDERTAKER ADDRESS

[illegible]

9-30—A. & Co.—250 Blks

F 04194

04194 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-01 WARD) #1

2 FULL NAME Baby Flemming

(a) RESIDENCE NO. 822 N. Carey ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wh	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 8-20-34

AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or 10 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Thomas Flemming

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C

12 MAIDEN NAME OF MOTHER Gladys Baily

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Gladys Flemming
(Address) 822 N Carey

Filed 8-21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21/34

17

I HEREBY CERTIFY, That I attended deceased from Aug 20 1934 to Aug 20 1934

that I last saw h alive on Aug 20 1934

and that death occurred, on the date stated above, at 7 P M

The CAUSE OF DEATH* was as follows:

Premature
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Calvin Blacomb M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md — DATE OF BURIAL: Aug 21 1934

20 UNDERTAKER — ADDRESS

0054

P 1988-9

F 04195

HEALTH DEPARTMENT—CITY OF BALTIMORE

195

CERTIFICATE OF DEATH

93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Carroll Park St. 21-01 Ward)

th of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Morrissette

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Morrissette

ATE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Richmond Virginia

3. NAME Unknown

4. BIRTHPLACE (city or town) (State or country) Richmond Virginia

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Richmond Virginia

NFORMANT (Address) Mr. W. H. Reaguer Culpepper, Virginia.

URIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Aug 24, 1934

NDERTAKER (Address) Geo L Draper Jr 512 Hollins St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 . Death is said to have occurred on the date stated above, at 10.15 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-cardial Insufficiency	Aug 19 1934

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Jos. C. Valentine M. D.
Coroner

(Address) 16 South Broadway

F 04196

D. P. 1268-9

04196 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fronia Reese

(a) Residence: No. 820 S. Ellwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of James

DATE OF BIRTH (month, day, year) June 13, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Williams West

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Friends
(Address) East City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Gloucester Pt Va Date Aug 22 1934

UNDERTAKER John Ulwick & Sons
(Address) Front & Gallows Sts

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21 1934

22. I HEREBY CERTIFY, That I attended deceased from August 9 1934 to Aug. 21 1934

I last saw him alive on Aug 21 1934 Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix c metastases and obstruction of both ureters	? 2 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I Phagill M. D.

(Address) East City Hosp

F 04197

D. H. 1268-9

1934 HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 53

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Helen Triedemann

(a) Residence: No. 313 Nelson St., Ward. Portsmouth Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Triedemann

DATE OF BIRTH (month, day, year) June 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) New York City N.Y.

13. NAME Edward C Strath

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Catharine McCabe

16. BIRTHPLACE (city or town) (State or country) N.Y.

INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Va Date 8/22/ 1934

UNDERTAKER Wm J Tuckey & Sons
(Address) Norfolk Va

FILED ... 19... Registrar

21934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to Aug 20, 1934
I last saw her alive on Aug 20, 1934 Death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (dural endothelioma)	
Meningitis (streptococcus)	

Other contributory causes of importance:

Name of operation Craniotomy Date of 7/24

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hospital

F. 1268-9

F 04198

4198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 Arlington Ave. St., 18-01 Ward)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Walter Bennett

(a) Residence: No. 534 N Arlington Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of L. Olivia Bennett

6. DATE OF BIRTH (month, day, year) Oct. 24 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg 016

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Rufus Bennett.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Louisa Walter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. L. Olivia Bennett

(Address) 534 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date Aug 23 1934

Place .....

19. UNDERTAKER Wm. E. Woods & Sons

(Address) 1700 Eutaw Pl.

Huntington Williams M.D.
(Signature of Undertaker)

AUG 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from April. 16 1934 to Aug 20 1934

I last saw him alive on Aug 26-34 Death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pylorus, Stomach.	4/16/34

Other contributory causes of importance:

Exhaustion & Toxemia

Name of operation No Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. R. Miller, M. D.

8/21/34 (Address) 2707 W. Lanvale

2 1934

B. 1268-9

F 04199

HEALTH DEPARTMENT—CITY OF BALTIMORE

4199

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Roland Ave St., 13-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph George Ripperger

(a) Residence: No. 402 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Elizabeth Ripperger

6. DATE OF BIRTH (month, day, year) Aug 12 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	0	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing
9. Date deceased last worked at this occupation (month and year) 1901 | 11. Total time (years) spent in this occupation 3

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Outlaw Ripperger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ziegler

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Edith Outlaw Ripperger

(Address) 402 Roland Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug 23 1934

UNDERTAKER Wm. Pickney Sons

(Address) North & Pulaski

Aug 21 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1934 to Aug 20, 1934

I last saw h.. alive on Aug 20, 1934 Death is said to have occurred on the date stated above, at 1:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Endocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) 3136 Eastern Ave

c—9-30—A. & Co.—250 Bks.

F 04200

200 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 46

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

(a) CITY OF BALTIMORE. (No.) 93 Merrymount Rd. (Dale) ST. 11-01 WARD)

2. FULL NAME Katharine Poullain Goodridge

(a) RESIDENCE NO. 1040 N. Calvert St. ST.. WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
(or) WIFE of E. Read Goodridge deceased

DATE OF BIRTH (month, day, and year) 11/22/64

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Twenty	70	7	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Greensboro Georgia

10 NAME OF FATHER Philip Poullain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greensboro Georgia

12 MAIDEN NAME OF MOTHER Katharine E. Potter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila. Pa

Informant Miss Kay Murray

(Address) 229 W. Lafayette Ave

Filed AUG 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21-1934

17

I HEREBY CERTIFY, That I attended deceased from July 1- 1934, to August 21st 1934

that I last saw her alive on August 21st 1934

and that death occurred, on the date stated above, at 1 45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Cecum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1040 N Calvert St

Did an operation precede death? No Date of April 15-1933

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam

(Signed) Wm Lund Chiff M. D.

Oct. 19 34 (Address) 711 Cumberland Ln

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fellowcroft Cem	Aug 23 1934
20 UNDERTAKER	ADDRESS
J. Henry Hyatt Funeral Co	Catonsville Md

M V F 04201

B. 1268-9

4201 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

205-007

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Md Gen. Hosp. 14-01 St. ..... Ward)

gth of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Irvin McCormick

(a) Residence: No. 1734 E. Madison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bernice McCormick

ATE OF BIRTH (month, day, year) Jan 4-1901

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) 7-21-34

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Andrew McCormick

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Nelsie Mitchell

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Runels
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Meherrin, Va Date Aug 22 34

UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Carrollton

FILED 1934 Aug 22 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-21-34. 19 . to 8-20-34. 19

I last saw h[illegible] alive on 8-20-34. 19 . Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	8-20-34
Phlebitis rt leg.	8-5-34

Other contributory causes of importance:
Fract. Lower end of Ulna
Comp. Comminuted Fract of
2-3-4th toe

Name of operation Amputating Left Date of 7-25 1934

What test confirmed diagnosis? None Was there an autopsy? No

23. If [illegible] was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-21 1934

Where did injury occur? Spanows pt. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Md Dry Dock Steel Co.

Manner of injury Fract 2-3-4th toes Lt ulnar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stephens, M. D.

(Address) Md Gen. Hosp.

B 1268-9

F 04202

4202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

142-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 326 Chester St., 12 Ward)

th of residence in city or town where death occurred 14yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Eleanor Dulworth

(a) Residence: No. 32 W. Chester St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Robert H. Dulworth

DATE OF BIRTH (month, day, year) Feb 2-1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year) Aug 20, 1934

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Sidney E. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Nellie Lawn

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Robert H. Dulworth

(Address) 326 W. Chester St

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 8/23 1934

UNDERTAKER Wm Cook

(Address) 1219 E Paul St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

I last saw h..... alive on ..... 19.....

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interpal Hemorrhage	
Due to Ectopic Pregnancy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John T. Thomas Coroner M. D.

(Address) 263 W. Lanvale St

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04203

)4203

CERTIFICATE OF DEATH

October 11th

REGISTERED NO. 92-001

—PLACE OF DEATH

Y OF BALTIMORE: (No. 3104 Savage Ave ST. 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Samuel William Linthicum

) RESIDENCE NO. 3104 Savage Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Linthicum

TE OF BIRTH (month, day, and year) Dec 16-1869

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9	5	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Retired 015

) General nature of industry, siness, or establishment in hich employed (or employer) Ship builder

) Name of employer

RTHPLACE (city or town) Baltimore Md
State or country)

0 NAME OF FATHER Samuel Linthicum

1 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

2 MAIDEN NAME OF MOTHER Mary Listenwood

3 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

Informant Margaret Linthicum
(Address) 3104 Savage Ave

Filed [illegible] Registrar

2 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21st 1934

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to Aug 21, 1934, that I last saw h[illegible] alive on Aug 20, 1934 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. F. Wheeler, M. D.

Sept. 19 34 (Address) 1279 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Aug 23rd 1934

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

P 1265-9

E 04204

HEALTH DEPARTMENT—CITY OF BALTIMORE

04204

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Foster Ave St., 46-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Emma Holston

(a) Residence: No. 3917 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

2. Color or race: White

3. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: (cc) WIFE of Thomas Holston

DATE OF BIRTH (month, day, year): Dec 10-1886

AGE: Years 47 | Months 8 | Days 11 | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

9. Date deceased last worked at this occupation (month, day, year): June 30/934

10. Total time (years) spent in this occupation: 30

11. BIRTHPLACE (City or town) (State or country): Baltimore, Md

12. NAME OF FATHER: George Estaen

13. BIRTHPLACE (City or town) (State or country): Baltimor Md

14. MAIDEN NAME OF MOTHER: Jane Bell

15. BIRTHPLACE (City or town) (State or country): Virginia

16. INFORMANT: Thomas Holston

(Address): 3917 Foster Ave

17. BURIAL, CREMATION, OR REMOVAL: Aug 28- 34

Place: Cedarcroft

18. UNDERTAKER: William Cook Sr

(Address): 217 St Paul St

19. Filed: 1934 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year): Aug 24- 34

22. I HEREBY CERTIFY, That I attended deceased from 8/1/34, 19 to 8/24/34, 19

I last saw her alive on 8/20/34 19 Death is said to have occurred on the date stated above, at 430 a m.

The principal cause of death and related causes of importance were as follows:

Influenza & Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Fenell M. D.

(Address) 633 S. Conkling

F 04205

HEALTH DEPARTMENT—CITY OF BALTIMORE

04205

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Lakewood Ave (Ward) 21

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Sylvania Bunce

(a) Residence: No. 622 N. Lakewood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed or divorced~~

(or) WIFE of William H. Bunce

DATE OF BIRTH (month, day, year) May 6th 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME Kirk

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT William H. Bunce

(Address) 622 N. Lakewood Ave

BURIAL, CREMATION, OR REMOVAL Lawnview Cemetery

Place Phila Pa Date Aug 23rd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Aug 21 1934 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934 to Aug 21 1934

I last saw her alive on Aug 21 1934 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	Aug 14

Other contributory causes of importance:

Cerebral Hemorrhage	July 27

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma Bunce M. D.

(Address) 718 N Pulaski St

F 04206

F 04206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. Cross St. S. 21-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Hancock Eyerly

(a) Residence: No. 1207 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Eyerly

7. DATE OF BIRTH (month, day, year) May 15, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Iron & Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Jacob Smith Eyerly

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Bolin

16. BIRTHPLACE (city or town) (State or country) Charlestown Virginia

17. INFORMANT Mrs. Bird V. Zeitler

(Address) 1175 Bargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Aug. 23, 1934

19. UNDERTAKER

(Address) 1003 W. Baltimore St.

AUG 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to Aug. 19, 1934

I last saw h. im alive on Aug. 18, 1934. Death is said to have occurred on the date stated above, at 11.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	1/1/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Passagno M. D.

(Address) 514 Drury Lane

F 04207

F 04207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. & Caton St.) 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Mildred Webb (Mildred E. Webb)

(a) Residence: No. 80 Carville Ave, Halethorpe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced
(or) WIFE of Charles F. Webb

DATE OF BIRTH (month, day, year) Oct. 22 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Miss Mildred E. Webb

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Mary Keefer

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. Charles F. Webb
(Address) 80 Carville Ave., Halethorpe, Md.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Lawn Date Aug. 24 1934

UNDERTAKER Joseph B. Cook
(Address) 1000 E. Baltimore St.

FILED Aug. 24 1934 Registrar

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1934 to Aug. 21, 1934

I last saw her alive on Aug. 21, 1934 Death is said to have occurred on the date stated above, at 2 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Coronary Thrombosis	
Other contributory causes of importance: Respiratory Duties	

Name of operation appendectomy Date of Aug 13 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2 W. Read St

F. 04208

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04208

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 419 W Ostend St. 21-C Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton Siscoskey
(a) Residence: No. 419 W. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Siscoskey

DATE OF BIRTH (month, day, year) Unknown - 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Work.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Anton Siscoskey

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Mary Paplakas

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT August Siscoskey
(Address) 1204 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 25 1934

19. UNDERTAKER John Grotiuckas
(Address) 423 S Paca St

20. FILED ... 19... Registrar

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Aug 21 1934
last saw him alive on Aug 21 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation none — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Joseph G Berleuns M. D.
(Address) 37 S. S Dicker St

F 04209 ✓ F 04209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2828 Pulham ST 8-C1 WARD)

2 FULL NAME Mary A. Dunn

(a) RESIDENCE NO. 2820 Pulham ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs 2 mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, and year) June 13, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 yrs	2	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical Work

(b) General nature of industry, business, or establishment in which employed (or employer) Bank

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Edward J. Dunn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna Mahoney

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant Mrs Shanahan (Sister)
(Address) 2828 Pulham Ave

Filed Aug 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1934

17

I HEREBY CERTIFY, That I attended deceased from ....., 19..... to Aug 21, 1934

that I last saw h e alive on Aug 20 1934

and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph P Mooney as to 2. Friends M. D.

19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. | DATE OF BURIAL Aug 24 1934

20 UNDERTAKER Edmund W. Conklin ADDRESS 924 E. Eager St.

F 04210

D. B. 1268-9

F 04210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 33rd & Calvert St., 10-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Charles J. Lembach (Catherine)

(a) Residence: No. 1213 E. Chase ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles J. Lembach

6. DATE OF BIRTH (month, day, year) Jan. 14, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Jacob Amsheim

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Butner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Catherine Lembach

(Address) 1213 E Chase St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Aug 24, 1934

UNDERTAKER Edgar W. Conkle

(Address) 923 E. Eager St

23194 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1934 to August 21, 1934

I last saw her alive on August 21, 1934. Death is said to have occurred on the date stated above, at 8:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease - Myocardial Degeneration Mural Thrombi Pulmonary Infarcts.	June, 1934
Other contributory causes of importance: Obesity (Adiposo Dystrophy Genitalis)	4 yrs. -

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

B. 1268-9

04211 F 04211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2243 Linden Ave. St. 13-01 Ward)

gth of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marcus Ring

(a) Residence: No. 2243 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Ring

ATE OF BIRTH (month, day, year) Jany. 25, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Moses Ring

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Siegel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mr. J. Ring, 2243 Linden Ave.

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date Aug. 24, 1934

UNDERTAKER Ward Sondheim & Son
(Address) 1902 Eutaw Place

[illegible] 19 .. Registrar.

G23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1934

22. I HEREBY CERTIFY That I attended deceased from August 20, 1934 to August 21, 1934

I last saw h[illegible] alive on August 21, 1934. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of, immediance were as follows:

Coronary Thrombosis — Date of onset Aug. 20, 1934

Other contributory causes of importance:

Hypertension
Arteriosclerosis, Generalized

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Ely Pinyoke M. D.

(Address) Temple Garden Apts.

F 04212

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04212

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Burling Hull

(a) Residence: No. 3510 Purnell Ave St., Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Helen Lamb

6. DATE OF BIRTH (month, day, year) August 3 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Burling Hull Sr

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Mary Dixon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theophila Lamb Hull (wife)

(Address) 3510 Purnell St. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Cem Date Aug 23 1934

19. UNDERTAKER Chas. E. Franck

(Address) 802 Madison Ave

23 1934 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 . 1934 to Aug 21 . 1934

I last saw him alive on Aug 21 . 1934. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Infarct. — Date of onset 8 21 34

Other contributory causes of importance:

Appendicitis, acute

Name of operation Appendectomy Date of 7-20-34

What test confirmed diagnosis? Post-mort. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jas. T. Turner Jr. M. D.

(Address) 3119 St. Paul St.

...—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04213

04213

CERTIFICATE OF DEATH

94-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2001 Park Ave ST., 13 (WARD)

2—FULL NAME Eleanor V. Fletcher

(a) RESIDENCE NO. 2001 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Chas F Waters

(Address) 15 E. Gay St

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1934, to Aug. 21, 1934, that I last saw h[illegible] alive on Aug. 21, 1934 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis - chronic sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2001 Park Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test.

(Signed) Zach. A. Milligan, M. D.

8/21, 1934 (Address) 6-E-Read St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newport R. I.

DATE OF BURIAL 8/23/1934

20 UNDERTAKER Chas. E. Doench Co

ADDRESS

B-12618

F 04214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04214

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-81 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Freddy Scott

(a) Residence: No. 417 W. Barre St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1 - 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Ollie Scott

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maggie Pryor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. B. Scott

(Address) 417 W. Barre St

BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Aug 24, 1934

UNDERTAKER Joseph A Lively

(Address) 409 N. Mount Street

(Signature) Mrs. Ollie Scott Registrar.

G2210

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Primary Broncho-pneumonia — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Fuller M. D.

Coroner

(Address) 737 Eastern Ave.

D. B. 1268-9

04215 HEALTH DEPARTMENT—CITY OF BALTIMORE 04215

CERTIFICATE OF DEATH X 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hosp. St. ... Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Everett Trossbach

(a) Residence: No. Scotland, Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

13. NAME Joseph N Trossbach

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Maggie Collison

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Ernest L Robinson

(Address) St Mary's Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Michaels Cemetery Date Aug 25 1934

19. UNDERTAKER Ernest L. Robinson

(Address) Dameson Md St. M. Co.

20. FILED Aug 23 1934 for Helen Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19. 1934 to Aug. 22. 1934

I last saw him alive on Aug. 22. 1934 Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	8/18/34
Pulmonary embolism	8/22/34

Other contributory causes of importance:

Name of operation appendectomy Date of 8/19/34

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. W. L. Currie, M. D.

(Address) So. Balto, Genl. Hosp.

F 04216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04216

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N. Clinton St. 26-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 8 yrs. mos. ds.

2. FULL NAME CHARLES HENRICKS

(a) Residence: No. 2 N. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Kemp Henricks

DATE OF BIRTH (month, day, year) March 5, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Gottfried Henricks

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Carolina Rutkofski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wilhelmina Henricks (Wife)
(Address) 2 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Place 1st Evangelical Cem. Date Aug. 23, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway

20. FILED Aug 23 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Aug 20, 1934

I last saw him alive on Aug 20, 1934 Death is said to have occurred on the date stated above, at 1.00 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of the Heart

Date of onset 2 hrs

Other contributory causes of importance:

Chronic Myocardial Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. L. Endter Jr. M. D.

(Address) 3323 Eastern

B 04217

HEALTH DEPARTMENT—CITY OF BALTIMORE 04217

CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lafayette & Eutaw Sts. (Ward) Balto. Md.

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fayter, Charles J. Burger

(a) Residence: No. Rochester N.Y. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year): July 27 1873

AGE: Years 61 | Months | Days 33 | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Priest

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year): March 1, 1938

11. Total time (years) spent in this occupation: 35

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Charles J. Burger

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ?

INFORMANT (Address): Hosp. rec.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 24. 1938

UNDERTAKER: Martin W. E. Dippel Inc.
(Address) 37 E. Lanvale St.

FILED ..... 19.. Registrar.

Aug 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 20 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Aug 20 1938

I last saw him alive on Aug 20 1938 Death is said to have occurred on the date stated above, at 8.55 P. m.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma of Lungs — Date of onset July 1st 1938

Other contributory causes of importance:

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice G. Shanahan M. D.

(Address) St. Agnes Hospital

F 04218

04218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13-21166

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) Druid Lake Druid Hill Park City

(a) Residence: No. 13 St. Ward.

(b) If not in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Leonard B. Nelson

(a) Residence: No. 5 Stevenson Lane St. Towson Balto Co Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna May Nelson

DATE OF BIRTH (month, day, year) July 12 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Manager

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME OF FATHER Peter Nelson

13. BIRTHPLACE (city or town) (State or country) Denmark

14. MAIDEN NAME OF MOTHER Fannie Schwabe

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Anna May Nelson

(Address) 5 Stevenson Lane

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemt Date Aug. 24. 34

UNDERTAKER George W. Zirkler

(Address) 1757 E. Eager St

FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning (Suicide)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) H. J. Blum M. D.
Coroner

(Address) 23 E. Lexington St

F 04219

F 04219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1100 S. Robinson St. 1-C Ward)

th of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

FULL NAME Jakob Gorniak

(a) Residence: No. 1100 S. Robinson St., Ward, AK Dr OP Hosp

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
ale	White	Widowed

(married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) 1854

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Mary Scholberlein

(Address) 1100 S. Robinson st.

BURIAL, CREMATION, OR REMOVAL

Place W. Hamilton Cem Date Aug 25 . 1934

UNDERTAKER Stephen J. Fialkowski I.C.

(Address) 1000 S. Kenwood ave

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9 . 1934 to August 21 . 1934

I last saw h alive on August 21 1934 Death is said to have occurred on the date stated above, at 1.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract neck femur	7wks
Bronchopneumonia	1wk.
Other contributory causes of importance:	
Arteriosclerosis	1 yr

Name of operation None Date of —

What test confirmed diagn Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Date of Injury 7/1. 1934

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell in yard - landed on left.

Nature of injury Fract neck femur -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius J. Zeyko M. D.

(Address) 2224 Eastern Ave

F 04220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04220

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Division St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reuben Brown

(a) Residence: No. 1802 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	1 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at the occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER James Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Ida Rider

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary Wallace Stewart

(Address) 1802 Division St

17. BURIAL, CREMATION, OR REMOVAL

Place Pt. Lookout Cemetery Date Aug 23 1934

18. UNDERTAKER Archibald A. Gaddis

(Address) 2101 McCulloh St.

19. FILED Aug 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934 to Aug. 21, 1934

I last saw him alive on Aug 19, 1934 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset July 27

Other contributory causes of importance: Unknown

Name of operation — Date of

What test confirmed diagnosis: Pleurisy — Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. Lee Elvin, M. D.

(Address) 924 Madison Ave

D. P. 1265-9

F 04221

04221 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Madison Ave St., 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Daly

(a) Residence: No. 2511 Madison Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Day

6. DATE OF BIRTH (month, day, year) May 30 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

13. NAME OF FATHER Welfare Day

14. BIRTHPLACE (City or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Della Tally

16. BIRTHPLACE (City or town) (State or country) Va

17. INFORMANT Fannie Day

(Address) 2511 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. 8/23 34

19. UNDERTAKER Bernard Hennelly

(Address) 845 Bond St. cor. Huntington Ave. Baltimore, Md.

20. FILED AUG 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/18 1934 to 8/20 1934

I last saw him alive on 8/20 1934 Death is said to have occurred on the date stated above, at 10-50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	July 25

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Raymond Browne M. D.

(Address) 1500 E. Madison St

F 04222

F 04222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edward Washington

(a) Residence: No. 827 Forrest St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-14-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	16	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Frank Washington

14. BIRTHPLACE (city or town) (State or country) N. Jersey

15. MAIDEN NAME Hardy

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date Aug 23 . 1934

UNDERTAKER Mrs Katie R Williams

(Address) 22 N. Schroeder Street.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13. 1934. to Aug 20 . 1934

I last saw h Lerralive on August 20. 1934. Death is said to have occurred on the date stated above, at 915 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I(a) C. Pneumonia	
Pul TBC	
Other contributory causes of importance:	
X	

Name of operation X Date of

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury . 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schumacker M. D.

(Address) Johns Hopkins Hospital

Co. 5-31 250B

F 04223

4223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Victor E Dicus

(a) Residence: No. 4th St opt St., ... Ward. Glen Burnie, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Dicus

DATE OF BIRTH (month, day, year): Feb 13 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penn R R
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Millersville Anne Arundel Co Md

13. NAME: Jacob L Dicus
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Mary Jane Davis
16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs Sarah Dicus
(Address) 4th St (South) Opt. Glen Burnie Md

BURIAL, CREMATION, OR REMOVAL
Place: Baldwin Cemetery, Second Aug 24 1934

UNDERTAKER: John F Penny
(Address) 715 Light St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1934 to August 21, 1934
I last saw him alive on August 21, 1934 death is said to have occurred on the date stated above, at 8:34 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute pancreatitis	7-34
Cholecystitis	

Other contributory causes of importance:

Name of operation: Cholecystotomy Date of: 8-18-34
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Turner Moore, M. D.
(Address) Franklin Square Hosp

B 1268-9

F 04224

4224 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1225 N. Dallas St. St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Hall

(a) Residence: No. 1225 N. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Unknown 1881

TE OF BIRTH (month, day, year) Mar. 1871.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Calvert Ct. Maryland

. NAME W. Jones

. BIRTHPLACE (city or town) (State or country) Calvert Ct. Maryland.

. MAIDEN NAME Hester Jones

. BIRTHPLACE (city or town) (State or country) Calvert Ct. Maryland

NFORMANT Marie Scott

(Address) 1847 N. Spring St.

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8/24 1934

UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

FILED 19 Registrar.

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on Inquiry, 19. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Aug. 21 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Valentine M. D.
Coroner

(Address) 16 South Broadway

D. B. 1268-9

F 04225

HEALTH DEPARTMENT—CITY OF BALTIMORE

225

CERTIFICATE OF DEATH

√160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1223 E. Lexington St. 5-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Baby Walker

(a) Residence: No. 1223 E. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 1, 1934

AGE Years	Months	Days	If LESS than 1 day hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) .....

13. NAME Marion V. Walker

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Johnnie V. Keeling

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Aug 23, 19 34

UNDERTAKER .....
(Address)

D 1934 ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1934 to Aug. 1st, 1934

I last saw him alive on Aug 1st, 1934 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrauterine Asphyxia	Aug 1st

Other contributory causes of importance:

Neglected breech presentation	Aug 1st

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John M. Stevens, Jr. M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 04226

4226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Fletcher

(a) Residence: No. 1933 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): August 6, 1934

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country):

13. NAME of Father: Wilbur Fletcher

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME of Mother: Virginia Bergen

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 25, 1934

19. UNDERTAKER .....
(Address)

20. Filed ..... 19..... Registrar.

0666

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6th, 1934 to Aug 7th, 1934

I last saw h.r alive on Aug 7th, 1934. Death is said to have occurred on the date stated above, at 12^10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	8-6-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital.

1268-9

F 04227

4227 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. City Hospital St., 29-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Howard

(a) Residence: No. 906 Peach Al St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

married, widowed, or divorced (HUSBAND of or) WIFE of ?

DATE OF BIRTH (month, day, year) Dec 18 1903

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	8	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME William Howard

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Ella Williams

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ella Howard - mother

(Address) 12 Hemmitt st

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 26th, 1934

UNDERTAKER Mrs Robert A. Elliott-Maughs

(Address) 1129 Gardiner st

Registrar.

AUG 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of kidney from laceration, due to gun shot.	
Homicide	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Aug 18, 1934

Where did injury occur? 906 Peach al
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gunshot wound of kidney

Nature of injury Laceration & Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H Herzog M D Coroner M. D.

(Address) 1205 N Patterson Park

E 04228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8885 04228

V 15

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vivian Jones

(a) Residence: No. 1635-E Eager St., ST Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) May 16, 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wilbert Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place J H Med College Date Aug 23, 1934

UNDERTAKER (Address)

FILED Aug 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934 to Aug 18, 1934.

I last saw her alive on Aug 18, 1934. Death is said to have occurred on the date stated above, at 4.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	8-11-34
(Etiology Unk)	
Other contributory causes of importance: Diarrhea	8-9-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Francis D Schwentker, M. D.

(Address) Johns Hopkins Hospital

F 04229

D. P. 1268-9

4229 HEALTH DEPARTMENT—CITY OF BALTIMORE

X V 176

CERTIFICATE OF DEATH

PLACE OF DEATH St. Agnes Hospital

TY OF BALTIMORE: (No. Wilkens & Caton ave St., 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Ethel L. Gill

(a) Residence: No. 719 Amberley ave St., Ward, Beverly Hills Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George K. Gill

DATE OF BIRTH (month, day and year) July 1, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Anna M. Zebra

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Minnie Zebra

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Geo K. Gill

(Address) Beverly Hills, Va.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 24 1934

UNDERTAKER Conroy Bros

(Address) Baltimore, Md.

Filed ... 19 ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934 to August 22, 1934

I last saw him alive on Aug. 22, 1934 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	3 Mos
Pulmonary Embolus	8/22

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 8/9/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G. Neptune M. D.

(Address) St Agnes Hosp

B 1208-9

F 04230

4230 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Harford Rd 9-01 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary E. Norris

(a) Residence: No. 3108 Harford Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ (or) WIFE of Robert W. Norris

DATE OF BIRTH (month, day, year) June 25th 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

9. Date deceased last worked at this occupation (month and year) X

10. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Bartholomes Stoecker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Büttner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Robert W. Norris

(Address) 3108 Harford Rd

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 24th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1934 Harriet Ann Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1934 to 8, 21 1934

I last saw her alive on 8, 21 1934 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 8-8-34

Other contributory causes of importance:

Indefinite

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) H. A. Gorsuch M. D.

(Address) 11 W. Lanvale St Balto

B 1265-0

F 04231

HEALTH DEPARTMENT—CITY OF BALTIMORE

4231

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3429 Hudson St. 76-01 Ward)

Length of residence in city, town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME August Patzwall

(a) Residence: No. 3429 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie N. Patzwall

DATE OF BIRTH (month, day, year) Sept 7, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	14 16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Law Co

9. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Matilda Patzwall

(Address) 3429 Hudson St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Aug 24 34

UNDERTAKER William E. Paul & Sons

(Address) 1217 SE Pratt & Eutaw Streets

Registrar

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 - 1934 to Aug 21 1934

I last saw him alive on Aug 20 1934 Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1933
Arthritis	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred J Blackmore M. D.

(Address) 3507 Fait Ave

F 04232

HEALTH DEPARTMENT—CITY OF BALTIMORE

04232

CERTIFICATE OF DEATH

V/31

PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N. Bentalou St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Jane Bailey

(a) Residence: No. 831 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widowed

If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of: William E. Bailey

DATE OF BIRTH (month, day, year): Dec 13th 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 40

BIRTHPLACE (city or town) (State or country): Dorchester Co Md

13. NAME: George W. McKee

14. BIRTHPLACE (city or town) (State or country): Worcester Co Md

15. MAIDEN NAME: Jane Tilghman

16. BIRTHPLACE (city or town) (State or country): Worcester Md

INFORMANT: Edith Hayman

(Address) 831 N. Bentalou St

BURIAL, CREMATION, OR REMOVAL

Place: Salisbury Md Date: Aug 24th 1934

UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

AUG 23 1934

(Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1934 to Aug 21 1934

I last saw her alive on Aug 21 1934 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Arteriosclerotic Heart Disease
Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Senility

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Flochat M. D.

(Address) 230 E Edmondson Ave

M & T—100 B—501.

F 04233

04233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 194-002

REGISTERED NO. 11-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Norman Redwood

(a) RESIDENCE No 205 E. Lanvale St. ST., WARD New York

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 9 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Loretta Redwood

DATE OF BIRTH (month, day, and year) Mar. 2, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	5	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Miners Helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Arundel Corporation.

BIRTHPLACE (city or town) (State or country) Long Island City New York

10 NAME OF FATHER Walter Redwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Lucy Thorne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Mr. Walter Redwood

(Address) 2528 82nd St. Jackson Heights Long Island.

FILED 1934 192 Registrar

Redwood-next. via Emma O.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Fell from home

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell on head

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hoffman St home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. L. Smith, M. D.

Aug 23 1934 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Long Island-New York. DATE OF BURIAL Aug 24 1934

20 UNDERTAKER Henry W. Maurer Son ADDRESS 805 N. Calvert St

F 04234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 23-01 Ward)

Length of residence in city or town where death occurred 5yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME August Neser

(a) Residence: No. 256 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adjuster Agent

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry A. Neser

14. BIRTHPLACE (city or town) (State or country) Baltimore md

15. MAIDEN NAME Emma Turner

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 24th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. Filed Aug 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934 to Aug 23, 1934

I last saw him alive on July 23, 1934 Death is said to have occurred on the date stated above, at 6:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Fibrosis, bilateral Bronchiectasis Pneumothorax & congestive failure	? 2 mos.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. Chaquil M. D.

(Address) Balt. City Hospitals

F 1268-9

F 04235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1820 N Charles St. 12-91 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Herbert. E. Williams

(a) Residence: No. 1820 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna E Williams

TE OF BIRTH (month, day, year) Sept. 20 1886

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	2	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Soldier

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 6

IRTHPLACE (city or town) (State or country) Indiana

. NAME John I Williams

. BIRTHPLACE (city or town) (State or country) Indiana

. MAIDEN NAME Vera Jackson

. BIRTHPLACE (city or town) (State or country) Indiana

NFORMANT Stella Williams

(Address) 509 N Hanover Ave

IAL, CREMATION, OR REMOVAL Indianapolis

U.S. National Date 8-25 1934

NDERTAKER Robert Brook & Son

(Address) Calhoun & Holliday sts

22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) found dead on Aug 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2 days
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James M Fenton Coroner, M. D.

(Address) 700 E Chase St

c.—9-30—A. & Co.—250 Blks.

04236

F 04236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1648 Penna Ave ST. 14-01 WARD)

2 FULL NAME Anastasia Pavleros

(a) RESIDENCE NO. 1648 Penna Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced (or) WIFE of: John Pavleros

DATE OF BIRTH (month, day, and year): August 5 1898

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36		18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Cornell New York

10 NAME OF FATHER: Andrew Ligakou

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: Georgia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greece

Informant: John Pavleros

(Address): 1648 Pennsylvania Ave

8 24 1934 Registrar: R H C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 23 1934

17

I HEREBY CERTIFY, That I attended deceased from Jany 30, 1934, to August 23, 1934

that I last saw her alive on August 22, 1934

and that death occurred, on the date stated above, at 1.30 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac failure — Cerebral pressure from Arterio sclerosis

A. S. 4 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Heat prostration in July

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. W. Clift M. D.

8/23, 1934 (Address) 5070 Greenleaf Road

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 8-25 1934

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun & Hollins

04237 F 04237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 160-002

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St., H-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frederick Yohn

(a) Residence: No. ..... St., ... Ward. New Windsor, Md.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) August 16, 1934

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
8. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) New Windsor
(State or country) Maryland

13. NAME Fred Yohn

14. BIRTHPLACE (city or town) Maryland
(State or country) Carroll Co

15. MAIDEN NAME Elsie Bowman

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Fred Yohn
(Address) New Windsor

BURIAL, CREMATION, OR REMOVAL
Place Pipe Creek Date Aug 27. 1934

UNDERTAKER Raymond R. Wright
(Address) Union Bridge Md

FILED ..... 19.... .....
8 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1934 to August 23, 1934
I last saw him alive on August 23, 1934 Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-18-34
Other contributory causes of importance:	
Intracranial Hemorrhage	8-16-34
(Brain Injury)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Helen 9. Maginnis, M. D.

(Address) University Hospital

B. 1268-9

F 04238

04238 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 4-8-01 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

74 0 0

FULL NAME Mary F. Deery

(a) Residence: No. Emmitsburg Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Co Md.

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Mt. Hope Records

(Address) Mt. Hope.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug 24/34

UNDERTAKER Stewart & Co.

(Address) 108 Eutaw Ave.

FILED Aug 24 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Aug 23, 1934.

I last saw her alive on Aug. 23, 1934. Death is said to have occurred on the date stated above, at 7.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
Acute Cardiac Dilitation	

Other contributory causes of importance:

Senile dementia

Name of operation none Date of ....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton P. Hill, M. D.

(Address) Mt Hope Retreat.

8-16-29—L. F. S.—100-B

F 04239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04239

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 328 N Calhoun ST., 19-01 WARD)

—FULL NAME Infant of Earl & Bernice Turner

a) RESIDENCE NO. 328 N Calhoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Aug 21, 1934

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work None

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

RTHPLACE (city or town) Md
State or country)

0 NAME OF FATHER Earl Turner

1 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

2 MAIDEN NAME OF MOTHER Bernice Lopez

3 BIRTHPLACE OF MOTHER (city or town) Miss.
(State or country)

Informant Alice Robinson

(Address) 328 N Calhoun

Filed Aug 24 1934 Hunting Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934, to Aug 23, 1934, that I last saw h him alive on Aug 22, 1934 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Failure of Foramen Ovale to close

congenital (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McEard, M. D.

, 19 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn. DATE OF BURIAL Aug 24, 34

20 UNDERTAKER James A Hayes ADDRESS 142 W. Hill

F 04240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04240

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3900 Druid Hill Ave St., (15-41 Ward)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FULL NAME Samuel Howard Sheppard

(a) Residence: No. 3900 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Lily B. Sheppard

6. DATE OF BIRTH (month, day, year) Nov. 15, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City School

9. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel Sheppard

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Harriet Edell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Lily B. Sheppard

(Address) 3900 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug. 27, 1934

UNDERTAKER Wm. J. Young & Bro.

(Address) Balto. Md.

Filed Aug 24 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1934 to Aug 21, 1934

I last saw he alive on Aug 21, 1934 Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	1931

Other contributory causes of importance:

Arteriosclerosis, High Blood Pressure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. E. Hearn M. D.

(Address) 3901 Fairview Ave

F 04241

F 04241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Mercy Hospital St., 13-01 Ward)

th of residence in city or town where death occurred 70 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Louis C. Brauer

(a) Residence: No. 1353 Riechert ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis C. Brauer.

ATE OF BIRTH (month, day, year) Nov 27. 1863

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis Brauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Brandau

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. H. Reinke
(Address) Mrs. Louis Brauer

BURIAL, CREMATION, REMOVAL
Place Date Aug 27, 1934

UNDERTAKER Wm. J. Jackson & Sons
(Address) Norfolk & Penna Aves

241934 Huntingdon & Williamsport, R.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-26-, 1934, to 8-23-34, 19...

I last saw h alive on 8-23-34, 19... Death is said to have occurred on the date stated above, at 12 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	7
Arteriosclerotic Cardio Vascular disease	2
Other contributory causes of importance:	
Pulmonary edema	7.

Name of operation Colostomy Date of 8-3-34

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Butterworth, M. D.

(Address) Mercy Hospital

F 04242

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5008 Belair Road St. 27-01 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

FULL NAME Louise H French

(a) Residence: No. 5008 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 30 18 90

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	10	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto

12. NAME OF FATHER William L French

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Mary Capprice

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Miss Emma C French
(Address) 5008 Belair Road

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Aug 25 1934

UNDERTAKER John Uzzell
(Address) 2108 Reisters St

FILED 2 1934 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1934 to Aug 22 1934
I last saw her alive on Aug 22 1934 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	Aug. 10th

Other contributory causes of importance: Uremia

Name of operation None Date of ....
What test confirmed diagnosis? Uremia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify
(Signed) Frank D Varipiz, M. D.
(Address) 111 St Paul

F 04243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04243

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward) 2nd

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James Collins

(a) Residence: No. Stonewall Frederick Ave St., ... Ward.
(Usual place of abode) Tunnel Row (Garden) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) Jan 13, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co Md

13. NAME Same

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Friends
(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 25, 1934

UNDERTAKER Geo M Smith & Son
(Address) 811 N Howard St

Filed ... Registrar

AUG 27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to Aug 22, 1934 I last saw him alive on Aug 22, 1934 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	?
Benign Prostatic Hypertrophy	?
Coronary Obstruction	
Bronchopneumonia	1 wk

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J P Magill, M. D.

(Address) Balt. City Hosp.

F 04244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04244

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 E. Monument St. 7-01 WARD)

2 FULL NAME John Frank Jones

(a) RESIDENCE NO. 1939 E. Monument St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	married

If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Carrie Jones

DATE OF BIRTH (month, day, and year) Dec. 18-90

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	44	8	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer for O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Newport News Va

10 NAME OF FATHER Frank Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newport News Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Mrs. Carrie Jones 1939 E. Monument St

Registrar

241934 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/22/34

17

I HEREBY CERTIFY, That I attended deceased from 8/19, 1934, to 8/22, 1934

that I last saw h/M alive on 8/22, 1934

and that death occurred, on the date stated above, at 5:30 p m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Rowe M. D.

19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Robert E. Williams'

DATE OF BURIAL: Aug 27, 1934

20 UNDERTAKER: Matthews

ADDRESS: U. S. Cemetery. 1515 N. Eden St

B. 1269-9

04245

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04245

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4732 Old York Rd. 7th (Ward)

th of residence in city or town where death occurred Single ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph F. Flanagan

(a) Residence: No. 4732 Old York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X: le	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word)

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Aug. 22, 1934

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME of father William J. Flanagan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME of mother Agnes A. Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William F. Flanagan

(Address) 4732 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date 8/24 '34

19. UNDERTAKER Willard F. Lemley

(Address) 700 E. Northwood

FILED Aug 24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22 1934 to Aug. 23 1934

I last saw h[illegible] alive on Aug 22 1934 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency
Prematurity birth
(7 months gestation)

Date of onset Aug. 22

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. D. Fenton M. D.

(Address) 216 E. Caroline St.

F 04246

04246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Shakespeare St St., 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wladyslaw Brzozowski

(a) Residence: No. 1604 Shakespeare Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of Late Leokadyja Brzozowski

7. DATE OF BIRTH (month, day, year) October, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Lacy Jas J. Co, Iron Fndrs.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Teofil Brzozowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Antonina ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leo Brzozowski (Son)

(Address) 111 North Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cemetery Date August 24 1934

19. UNDERTAKER George A. Welker

(Address) 705 S. Ann Street

AUG 24 1934 Huntington Millinery, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug, 22nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20th, 1934, to Aug 22nd, 1934

I last saw h— alive on — 1934 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	8-20

Other contributory causes of importance:

Gastric Carcinoma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Winner, M. D.

(Address) 22 S. Bway

B 1268-9

04247 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04247

V 46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Grantley St., 16-81 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Harry Lee Ruskell

(a) Residence: No. 716 Grantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of Frances Ruskell.

DATE OF BIRTH (month, day, year) Sept. 24, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME Not known

11. BIRTHPLACE (city or town) (State or country) Not known

12. MAIDEN NAME Not known

13. BIRTHPLACE (city or town) (State or country) Not known

14. INFORMANT Mrs. Margt Mc Call.

(Address) 716 Grantley St

15. BURIAL, CREMATION, OR REMOVAL London Park Date 8/25, 1934

16. UNDERTAKER Bernard C. Harker

(Address) 1200 E Pace St

17. DATE RECEIVED AUG 24 1934 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1933 to Aug. 22, 1934

I last saw him alive on Aug 22, 1934 Death is said to have occurred on the date stated above, at 6.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Nov. 1933
Broncho-Pneumonia	Immediate

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry H. Kates, M. D.

(Address) 523 Scott St.

E 04248

F. 1268-0

248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH So. Balto. General Hosp

Y OF BALTIMORE: (No. 1213 Light St. 22-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Weston

(a) Residence: No. 822 Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	colored	Single(?)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 15, 1876

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8			23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Edwin Weston

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Self
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 23, 1934

UNDERTAKER
(Address)

AUG 21 1934 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to August 8, 1934
I last saw h~~im~~ alive on August 8, 1934 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac failure,
Myocardial degeneration

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas E. Weed, M. D.

(Address) 1213 Light St.

B 1268-9

F 04249

4249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 805 N. ~~Lakewood~~ Kenwood Ave St., 7-21 Ward)

th of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth: 55 yrs. mos. ds.

FULL NAME Frances Zelenka

(a) Residence: No. 805 N. ~~Lakewood~~ Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Vincent Zelenka

ATE OF BIRTH (month, day, year) Not Known

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
91			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME John Cibulka

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Albina Walz

(Address) 805 N. Kenwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Aug. 25 19 34

UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

4 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 24, 34 to Aug 28 34

Last saw h alive on Aug 28 19 34 Death is said to have occurred on the date stated above, at 3.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 24 34

Other contributory causes of importance:

Cardiac Arrhythmia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 801 N. Kenwood

F 04250

. B. 1268-9

250 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 102 St. Dunstans Road St. 28-01 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Daisy N. Holmes

(a) Residence: No. 3220 Howard Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William T. Holmes

DATE OF BIRTH (month, day, year) March 5, 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frank Nolen

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

15. MAIDEN NAME Mary Sayers

16. BIRTHPLACE (city or town) Belfast
(State or country) Ireland

INFORMANT Mr. Charles R. Durling
(Address) 102 St. Dunstans Road

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date August 24 1934

UNDERTAKER Leo F. Cook
(Address) 1003 N. Baltimore St.

4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to August 22, 1934

I last saw her alive on August 22, 1934. Death is said to have occurred on the date stated above, at 12 Midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Pleura	
Primary source - Carcinoma of Breast (removed 6 yr. ago)	

Other contributory causes of importance:

Name of operation Radical Mastectomy Date of 1928

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) David Cuse M. D.

8/27/34 (Address) Medical Arts Bldg.

B. 1268-9

F 04251

8815
4251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 5-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Fred Williams

(a) Residence: No. 1434 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-26-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME John Williams
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Daisey Streams
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet cemetery Date aug 25 1934
19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans st.
20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 . 1934 to Aug 23 . 1934
I last saw h alive on Aug 23 . 1934 Death is said to have occurred on the date stated above, at 115 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	8-9-34

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19 ...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Irving D Schwentker M. D.
(Address) John Hopkins Hospital

B. 1268-9

F 04252

252 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 5901 Glen Oak Ave St., 27-9 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

FULL NAME Amelia Nestle

(a) Residence: No. 5901 Glen Oak Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
, M.	White	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) ? ? 1860

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	?	?	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Germany

3. NAME Frederick Nestle

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mrs. John E. Doyle
(Address) 5901 Glen Oak Ave.

URIAL, CREMATION, OR REMOVAL
ly Redeemer Cemetery Date 8/25/34 19

UNDERTAKER Leonard J. Koch
(Address) 5305 Harford Rd.

FILED ..... Registrar.

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to Aug 22 ....., 19 34

I last saw h wife on 8/22, 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Cerebro Sclerosis — Date of onset .....
Chronic Interstitial Nephritis .....

Other contributory causes of importance: .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ryan Foley M. D.

(Address) 5703 Harford Rd.

D. B. 1268-9

F 04253

04253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Penna ave St. 14-C Ward)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Hazekiah Gibson

(a) Residence: No. 1512 Penna. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Gibson

DATE OF BIRTH (month, day, year): June, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	— 2	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: lumber yard

10. Date deceased last worked at this occupation (month and year): 1908

11. Total time (years) spent in this occupation: ...

BIRTHPLACE (city or town) (State or country): Portsmouth Virginia

13. NAME Moses Gibson

14. BIRTHPLACE (city or town) (State or country): Portsmouth Virginia

15. MAIDEN NAME Lucy Gibson

16. BIRTHPLACE (city or town) (State or country): Cumberland Virginia

17. INFORMANT Pearl Gibson

(Address) 1512 Penna. ave

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth Va Date Aug 24 - 1934

19. UNDERTAKER Jas. Geo. H. Holland

(Address) 1131 Druid Hill Ave.

Filed ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to August 1934

I last saw him alive on August 16 1934 Death is said to have occurred on the date stated above, at 10:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis	
Apoplexy	Aug 22, 1934
cerebral Hemorrhage	Aug 22, 1934
Other contributory causes of importance:	over
Blind -	1909

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Parr M. D.

(Address) 865 W. Lexington St.

B. 1265-9

F 04254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

251

Registered No. 96

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital Ward) 14-01

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert A. Biden

(a) Residence: No. 1527 W. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Aug 30-1932

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

10. NAME Clinton Biden

11. BIRTHPLACE (city or town) (State or country) Baltimore

12. MAIDEN NAME Miriam Becker

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. INFORMANT Mrs M. Biden

(Address) 1527 W. Balto St

15. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8-25 1934

16. UNDERTAKER For Fowlers and Son

(Address) 2178 Pa Ave

17. 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Marasmus

Date of onset

Other contributory causes of importance:

Convulsions

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Eugene Zelley M. D.
Coroner

(Address) 709 Eastern Ave

D. B. 1268-9

F 04255

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 9

CERTIFICATE OF DEATH

255

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Lyndenlawn Hospital Ward) 01

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Frank Tillman

(a) Residence: No. 516 N. Rose St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 31 - 1933

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	24?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Francis Tillman

14. BIRTHPLACE (city or town) (State or country) Mississippi

15. MAIDEN NAME Eva Blinski

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Frances Tillman Sr

(Address) 516 N. Rose St

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Aug 25 - 34

UNDERTAKER Albert W. Berezoff

(Address) 440 E. North Ave

FILED 1934 Eustace Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1934 to Aug 23, 1934

I last saw him alive on Aug 23, 1934 Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	7/28/34
Bronchopneumonia	8/8/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Daniel E. Boggs M.D.

(Address) Lyndenlawn Hospital

F 04256

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04256

CERTIFICATE OF DEATH

Registered No. 19

PLACE OF DEATH Lyderham Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Thomas Hartigan

(a) Residence: No. 1922 Gough St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 20, 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas Hartigan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Agnes Sick

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Thomas Hartigan

(Address) 1922 Gough St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 25, 1934

UNDERTAKER Wardell & Leppert

(Address) 300 N. Eutaw St

25 1934 ... Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1934 to August 24, 1934

I last saw him alive on Aug 24, 1934. Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Before July 29
Acute Severe Nutritional Disturbance	July 29

Other contributory causes of Importance:

None

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Lacamera M.

(Address) Lyderham Hospital

F 04257

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04257

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 James St.) (25-01 Ward)

(a) Residence: No. 2516 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

FULL NAME Wolfgang Miller

40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(Length of residence in city or town where death occurred)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

(If married, widowed or divorced) HUSBAND of (or) WIFE of Minnie Miller

6. DATE OF BIRTH (month, day, year) April 24-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 1931

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Miller (Address) 2516 James Street

18. BURIAL, CREMATION, OR REMOVAL Western Date Aug 27 1934

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED Aug 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1934 to Aug 24 1934

I last saw him alive on Aug 23 1934 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1
Myocardial degeneration	1
Hypertension	
Other contributory causes of importance:	
Right side hemiplegia	Aug 20

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Geo. W. Kiefer M. D.

(Address) 1420 Park Ave

F 04258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04258

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 27-01 Ward)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary F. Brown

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Sept 27 1838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95	10	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

8. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

11. NAME James Denny

12. BIRTHPLACE (city or town) (State or country) Maryland

13. MAIDEN NAME Francis Ballfield

14. BIRTHPLACE (city or town) (State or country) England

15. INFORMANT Etta Luddy

(Address) 2211 Rogers Ave

16. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 27 1934

17. UNDERTAKER Lon Loyd

(Address) 1217 St Paul St

FILED AUG 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Aug 24, 1934

I last saw her alive on Aug 24, 1934. Death is said to have occurred on the date stated above, at 9.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Senility.	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Hamman M. D.

(Address) 700 N. Fulton Ave.

F 04259

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
Y OF BALTIMORE: (a) Prov. Hosp. St. 92-01 Ward)

h of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm. Brown

(a) Residence: No. 427 W Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color [illegible] Race: Col

5. Single, Married, Widowed or Divorced (write the word): Married

married, widowed, or divorced) HUSBAND of (or) WIFE of: Martha Brown

TE OF BIRTH (month, day, year): June 26 1885

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	1	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

RTHPLACE (city or town) (State or country): Norfolk Va

NAME

BIRTHPLACE (city or town) (State or country): Va

MAIDEN NAME

BIRTHPLACE (city or town) (State or country): Va

FORMANT (Address): Martha Brown 427 W Conway

RIAL, CREMATION, OR REMOVAL

Place: Mount Auburn Date: Aug 27 1934

DERTAKER (Address): Joseph G. Sisler 1604 N. Mount St

LED: 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

saw h alive on Aug 22nd. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. E. Buck M. D.
Coroner

(Address) Coroner

04260

F 04260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-0 Ward)

(If not in city or town where death occurred, give city or town and State) yrs. 11 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Edward Wurtzberger

(a) Residence: No. 1036 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or m.n.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Michael Wurtzberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends

(Address) East Ch Hosp.

18. BURIAL, CREMATION, OR REMOVAL Lochraven Cemetery Date Aug 26/ 1937

19. UNDERTAKER J. Ahrens & Sons

(Address) 2432 Reisterstown Rd

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1937, to Aug 24, 1937

I last saw him alive on Aug 24, 1937 Death is said to have occurred on the date stated above, at 2 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue c metastasis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phaneuf, M. D.

(Address) East. City Hosp.

F 04261

B. 1268-0 F 04261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8407

122-002

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Marie Reise

(a) Residence: No. 1309 Wilcox St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1/5/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ond

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Md -

12. NAME of father: William Reise

13. BIRTHPLACE (city or town) (State or country): Md -

14. MAIDEN NAME of mother: Mary Baker

15. BIRTHPLACE (city or town) (State or country): Md -

16. INFORMANT: Reads -
(Address) JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 25 1934

18. UNDERTAKER: Elmer F. Conkling
(Address) 7246 Eager St.

19. FILED ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1934, to Aug 23, 1934

I last saw her alive on Aug 23, 1934 Death is said to have occurred on the date stated above, at 5-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
B. Coli meningitis	8-22-34
B. Coli septicemia	8-22-34

Other contributory causes of importance:

Intussusception	8-17-34

Name of operation Reduction of intussusception Date of

What test confirmed diagnosis? I Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Schumacher M. D.

(Address) John Hopkins Hospital

F 04262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04262

CERTIFICATE OF DEATH

X 34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.) St. 12-01 (Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

FULL NAME Michael T. David

(a) Residence: No. 115 River St., Hoboken, N.Y. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 9, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
8. Date deceased last worked at this occupation (month and year) 3-9-34 | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Liege Belgium

10. NAME John Michael David

11. BIRTHPLACE (city or town) (State or country) Liege Belgium

12. MAIDEN NAME Genevieve Louis

13. BIRTHPLACE (city or town) (State or country) Namur Belgium

INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Aug. 25 1934

UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25 1934 to August 23 1934

I last saw him alive on August 23 1934 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	Unknown
Other contributory causes of importance: hyper	
Cirrhosis of liver, atrophic	Unknown

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) U.S. Marine Hospital, Baltimore

B. 1265-9

4263 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 04263

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 609 Brune St. St. 17-01 Ward)

gth of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Maggie S. Gray

(a) Residence: No. 609 Brune St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1870

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
64.			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Jordan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Louie Bell

(Address) 2570 McCulloh St.

BURIAL, CREMATION, OR REMOVAL

Place Fairview Date 8/26 1934

UNDERTAKER Francis A. Kemsley

(Address) 1754 W. Biddle St.

[illegible] 19.....

Interior Virginia, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934. 19 to Aug 23 1934

I last saw her alive on Aug 22 1934 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Don't Know

Other contributory causes of importance:

Possibly Rheumatism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. K. Jessup M. D.

(Address) 117 N. Saratoga St.

F 04264

B. 1268 04264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals 45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 17 Ward)

th of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Hancock

(a) Residence: No. 633 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
ale	Colored	Widowed

married, widowed, or divorced) HUSBAND of (or) ~~WIFE of~~ Jane Hancock

ATE OF BIRTH (month, day, year) April 20, 1879

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	4	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church 018

Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

IRTHPLACE (city or town) (State or country) Kentucky

3. NAME Haywood Hancock

4. BIRTHPLACE (city or town) (State or country) Kentucky

5. MAIDEN NAME Betty Smith

6. BIRTHPLACE (city or town) (State or country) Kentucky

NFORMANT Hospital Records (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22. 34

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934 to Aug 22, 1934

Last saw h[illegible] alive on Aug 22, 1934 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue with regional Metastasis to lymphatics	1934
Other contributory causes of importance: Bronchio-pneumonia	8/20/34

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gore M. D.

(Address) Balto City Hospitals

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemty Date August 27 1934

UNDERTAKER Rudolphus Halsted.

(Address) 7 S. 2 Court House

FILED 19 Registrar

~~Aug 25 1934~~ ~~Assistant~~ Baltimore, Md.

D. B. [illegible] F 04265

F 04265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospts.

CITY OF BALTIMORE: (No. Balto. Md St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Emily Johnson

(a) Residence: No. 1819 Ettery St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Records
(Address) Baltimore City Hospts

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Aug 25 1934

UNDERTAKER Geo J. Smith & Sons
(Address) 1900 Eutaw Place

Aug 24 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22-1934

22. I HEREBY CERTIFY, That I attended deceased from J 30, 1925 to 8-22-, 1934

I last saw her alive on 8-22-, 1934 Death is said to have occurred on the date stated above, at 1941 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene	1 Month
Senility	2 Yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Harry Goldsmith M. D.

(Address) Baltimore City Hospitals

F 04266

P. 1268-9

F 04266

HEALTH DEPARTMENT—CITY OF BALTIMORE

30

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tb.) 23-04

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... Ward)

th of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Dora E. Branderberg (Dora E. Brandenburg)

(a) Residence: No. 4807 Snader ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lysle Brandenberg

ATE OF BIRTH (month, day, year) Aug. 1, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	0	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

9. NAME Frank Baker

10. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

12. MAIDEN NAME Anna Akers

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Hospital Records

(Address) Balto City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Date Aug 27, 1934

UNDERTAKER Wm. J. Tickner & Son.

(Address) North & Fulton Ave.

DATE 1934 Filed Aug 27 1934

25 135

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934, to August 23, 1934

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 11.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of pelvic organs	Jan. 1934
Other contributory causes of importance:	
Bronchopneumonia	1 week

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer Jacobson M. D.

(Address) Baltimore City Hospitals

F 04267

D. B. 1268-9

04267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Sydenham Hospital

TY OF BALTIMORE: (No. ..... St., C-01 Ward)

gth of residence (City or County) where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Evan C. Buckner

(a) Residence: No. 3439 Elmley Ave St. ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 22, 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	4	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

9. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

10. BIRTHPLACE (city or town) Balto, (State or country) Md.

12. NAME Nicholas Buckner

13. BIRTHPLACE (city or town) Austria (State or country)

14. MAIDEN NAME Mary Cochren

15. BIRTHPLACE (city or town) Calvert County (State or country) Md.

16. INFORMANT (Mrs. Nicholas Buckner

(Address) 3439 Elmley Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Woodlands Memorial Park. Date August 25, 1934

18. UNDERTAKER Howard Blight Jr.

(Address) 1918 N. Gay St.

AUG 25 1934 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1934, to Aug 24, 1934

I last saw her alive on Aug 24, 1934 Death is said to have occurred on the date stated above, at 8.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2 wks ago
Other contributory causes of importance:	

facts verified from record delayed for autopsy Joseph L. Valentine Coroner

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

F 04268

1268-8

F 04268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-004

new Hollen Rd

Registered No. 27-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Woodburne Avenue St., Ward)

h of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME August Moser

(a) Residence: No. Cresskill, N. J. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, widowed, or divorced
USBAND of Mary L. Moser
r) WIFE of

E OF BIRTH (month, day, year) June 20-1861

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Switzerland
State or country)

NAME August Moser

BIRTHPLACE (city or town) Switzerland
(State or country)

MAIDEN NAME Elise Schuepp

BIRTHPLACE (city or town) Switzerland
(State or country)

FORMANT Bertha E. Moser

Address) Crisco, N. J.

RIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date August 17 1934

DERTAKER John Burns Sons

Address) Towson

5193 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-cardial insufficiency	Aug. 24 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jos L Valentine M.D.
Coroner

(Address) 16 South Broadway

K. 1268-9

04269 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04269

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sieling Sanitarium St., 28-41 Ward)

th of residence in city or town where death occurred 64 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles S. Guerke

(a) Residence: No. 600 S. Chapelgate Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Guerke

TE OF BIRTH (month, day, year) May 31, 1857

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Ferdinand Guerke

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mr. Walter T. Guerke (Son)

(Address) 3810 Chatham Road.

URIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date Aug 27. 1934

NDERTAKER John F. Denny

715 Light St

Annapolis Wilkens, Md.

5934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 1934 to August 24 1934

I last saw him alive on August 23 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

My accumulation

	Date of onset
	?

Other contributory causes of importance:

Cystitis
Arteriosclerosis

24 con.

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilhelm Lotz M. D.

(Address) 20 E. Preston St.

F 04270

F 04270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 512 N. Decker Ave St., 7-CE Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Fannie Miller

(a) Residence: No. 512 North Decker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X	White	Widow

married, widowed, or divorced

HUSBAND of (or) WIFE of Edward Miller

TE OF BIRTH (month, day, year) Dec. 25. 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

At Home

IRTHPLACE (city or town) (State or country) Baltimore

NAME Edward Miller

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Imhoff

BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Mrs. Frank Zink

(Address) 512 N. Decker ave

URIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Date Aug 27 1934

NDERTAKER William G. Schaffer

(Address) 1116 E. Monument St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from aug 20, 1934 to aug 23, 1934

I last saw her alive on aug 23, 1934 Death is said to have occurred on the date stated above, at 1.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	aug 22 1934
caused by pertinonal -	
cardio - vascular - renal	1 yr -
Other contributory causes of importance:	
arterio - sclerosis	1 yr
chr. nephritis	1 yr.

Name of operation Date of

What test confirmed diagnosis Urine Was there an autopsy? Was Blood Pressure taken?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis F. Krumm, M. D.

(Address) 7122 N Kenwood ave

P 1268-9

04271 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04271

CERTIFICATE OF DEATH

V 93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 21-81 (Ward)

th of residence in city or town where death occurred 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George A. Lazell

(a) Residence, No. 3712 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	widowed

married, widowed, or divorced
BUSBAND of (or) WIFE of Emma (dead)

ATE OF BIRTH (month, day, year) July 21, 1854

E Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore

NAME Francis

BIRTHPLACE (city or town) (State or country) Austria

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) ? ?

NFORMANT Records Balt City Hosp.
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to Aug 24, 1934

I last saw him alive on Aug 24, 1934 Death is said to have occurred on the date stated above, at 8 25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	?
Myocardial Insufficiency or congestive failure	2 hrs

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. Rhagil, M. D.

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 8/27 1934

UNDERTAKER Fahey Funeral Home
(Address) 1315 Light St

FILED AUG 25 1934 Registrar Williams

04272 F 04272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 8-01

Length of residence in city or town where death occurred 10 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clifford Henning

(a) Residence: No. 1602 E. Monument Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W. M.	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Nellie Henning

6. DATE OF BIRTH (month, day, year) July 19, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 yrs.	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas R. Henning

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Va Woods

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT [illegible]

(Address) 1602 E. Monument Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug. 27, 1934

19. UNDERTAKER Hyla Middlefield

(Address) 914 Linwood Ave

19 [illegible] Registrar

AUG 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1934, to 8/23, 1934

I last saw him alive on 8/23/34, 19 Death is said to have occurred on the date stated above, at 7:22 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
Cardio-renal Disease	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Howell L. Flood, M. D.

(Address) Union Memorial Hospital

F 04273

273 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 705 Mura St ST. 10-C WARD)

2. FULL NAME Marie Wallace

(a) RESIDENCE NO. 728 Mura St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 27 ds. How long in U. S., if of foreign birth? 40 yrs. 1 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Patrick Wallace

DATE OF BIRTH (month, day, and year) Sept. 26 [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Worked at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Patrick Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannoria Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Patrick Wallace

(Address) 728 Mura St.

15 1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23, 1934

17

I HEREBY CERTIFY, That I attended deceased from 7-4, 1934, to 8/23, 1934

that I last saw h alive on 8/23, 1934

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Septic Phlebitis of Leg (duration) yrs. 1 mos. 19 ds.

CONTRIBUTORY (Secondary) Unstaple abscess (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard Loss M. D.

8/24, 1934 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Aug 27, 1934

20 UNDERTAKER: Edmund V. Gouldin — ADDRESS: 624 E. Eager St.

B 1268-9

F 04274

274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

PLACE OF DEATH Baltimore City Hospitals (Th.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., W-C Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Madie Woods

(a) Residence: No. 703 W. Lexington st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of David Woods

TE OF BIRTH (month, day, year) Sept. 15, 1909

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	11	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... Unknown

IRTHPLACE (city or town) (State or country) North Carolina

. NAME Henry Perkins

. BIRTHPLACE (city or town) (State or country) North Carolina

. MAIDEN NAME Mary Johnson

. BIRTHPLACE (city or town) (State or country) North Carolina

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Pl... Washington N. C. Date 8-25-34

ND UNDERTAKER David Easton
(Address) Huntington Williams, Inc.

ILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to August 24, 1934

I last saw h er alive on August 24, 1934 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

8 30

F 1268-9

F 04275

04275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 6

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fred. Lake

(a) Residence: No. 901 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

If married, widowed, or divorced: (a) HUSBAND of (or) (b) WIFE of

DATE OF BIRTH (month, day, year) April 22, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 yrs

9. BIRTHPLACE (city or town) (State or country) South Carolina

10. NAME Clarence

11. BIRTHPLACE (city or town) (State or country) S.C

12. MAIDEN NAME Lillie Bates

13. BIRTHPLACE (city or town) (State or country) S.C

14. INFORMANT Records Bal. City Hosp.
(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Lorraine V.B. Date 8-25-34

16. UNDERTAKER Hunt Easton
(Address) 516 Eutaw

17. FILED Aug 25 1934 Hunter Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934 to Aug 16, 1934

I last saw him alive on Aug 16, 1934 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericardial effusion (cause)	2 wks
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pragill M. D.

(Address) Bal. City Hosp.

B. 1268-9

F 04276

276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Maryland General Hospital

Y OF BALTIMORE: (No. ..... St. 3 - 04 (Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs Oline V. Yingling

(a) Residence: No. 1404 Dellwood AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr Irvin Yingling

TE OF BIRTH (month, day, year) April 22 - 1876

E 58. Years	Months 4	Days 3	If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) New Market
(State or country) Frederick Co.

. NAME John A. Smith

. BIRTHPLACE (city or town) Frederick Co
(State or country)

. MAIDEN NAME Rachael Rogers

. BIRTHPLACE (city or town) Frederick Co
(State or country)

NFORMANT Hospital records
(Address)

URIAL, CREMATION, OR REMOVAL

Place Meadow Branch Date Aug 28 1934

NDERTAKER J. Bamford & Son
(Address) Baltimore Md

ED. Aug 28 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1934 to Aug 25 1934

I last saw her alive on Aug 25 1934 Death is said to have occurred on the date stated above, at 7 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Left femur	8/18/34
Pulmonary Embolism	8/25/34

Other contributory causes of importance:

Name of operation Application of splint Date of 8-19-34

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of Injury ..... 19..

Where did injury occur? Home. Edwards Rd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

No. 5-11 2508

F 04277

277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 520 N. Gilmor St., 19-01 Ward)

th of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Lucy Walker

(a) Residence: No. 520 N. Gilmor St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	Colored	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin Walker

ATE OF BIRTH (month, day, year) Sept 12-1871

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc
8. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

IRTHPLACE (city or town) Henderson N.C.
(State or country)

9. NAME Unknown

10. BIRTHPLACE (city or town) Unknown
(State or country)

11. MAIDEN NAME Unknown

12. BIRTHPLACE (city or town) Unknown
(State or country)

NFORMANT Mrs. Walker
(Address) 520 N Gilmor

RIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date 8/26, 1934

NDERTAKER Mrs Lottie L. Bagley
(Address) 1421 Pitterson St.

1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5th, 1934, to Aug 23rd, 1934
I last saw her alive on Aug 23rd, 1934 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/16/34
Other contributory causes of importance:	
Senility	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) 713 N. Gilmor St.

B. B. 1268-9

F 04278

HEALTH DEPARTMENT—CITY OF BALTIMORE

4278

CERTIFICATE OF DEATH

124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Pinewood Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Henry Miller

(a) Residence: No. 2824 Pinewood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Miller

DATE OF BIRTH (month, day, year): July 2, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Saw Mill

9. Date deceased last worked at this occupation (month and year): 7/34

11. Total time (years) spent in this occupation: .....

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME OF FATHER: John Henry Miller

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): .....

INFORMANT: Mrs. Wm. Miller

(Address) 2824 Pinewood Ave

BURIAL, CREMATION, OR REMOVAL: Place Freemans Date Aug. 26 19 34

UNDERTAKER: J. Freeman & Son

(Address) 32 S. Broadway

FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933 to Aug 23, 1934

I last saw him alive on Aug 23, 1934 Death is said to have occurred on the date stated above, at 6:38 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset: .....

Other contributory causes of importance: Alcoholic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A. Fede M. D.

(Address) 936 E. Monument St

H. D. 1268-9

F 04279

HEALTH DEPARTMENT—CITY OF BALTIMORE

279

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1701 Bolton St. 14-01 Ward)

gth of residence in city or town where death occurred 64 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sherman G. Butler

(a) Residence: No. 1701 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia Garrett Butler

6. DATE OF BIRTH (month, day, year) Sept 9, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Hon. G. Butler

14. BIRTHPLACE (city or town) (State or country) Bald Md.

15. MAIDEN NAME OF MOTHER Lydia E. Barron

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katherine B. Zeller

(Address) 725 S. 22. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 27, 1934

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1901 Eastern Ave

1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1934 to Aug. 25, 1934

I last saw him alive on Aug 24, 1934 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Pancreas

Date of onset

Other contributory causes of importance:

General Cancerosis

Name of operation Abdominal Exploration Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Hooper M. D.

(Address) 827 N. Charles St.

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4280 4280

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 11 S. Linwood ave St., 1-01 Ward)

th of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frannie Schultz

(a) Residence: No. 11 S Linwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

(If married, widowed or divorced) WIFE of E. W. Schultz

ATE OF BIRTH (month, day, year) June 4 1853

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) City

. NAME Charles Phillips

. BIRTHPLACE (city or town) (State or country) England

. MAIDEN NAME

. BIRTHPLACE (city or town) (State or country)

NFORMANT Clara Schultz

(Address) 11 S. Linwood ave

URIAL, CREMATION, OR REMOVAL

Place Oakdown Date Aug 27 . 19 34

NDERTAKER J. A. Moran

(Address) 3000 E. Baltimore St.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 37. 19 . to Aug 23 . 34

I last saw h alive on Aug. 23 . 1934 Death is said to have occurred on the date stated above, at 3 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3 mo.

Other contributory causes of importance:

Prostatic Enlargement. 1 yr.
Arteriosclerosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frederick A Herrmann M. D.

8 25 (Address) 2913 E. Baltimore St.

B 1268-9

E-04281

HEALTH DEPARTMENT—CITY OF BALTIMORE

281

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 205 S Castle St., 7-01 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Feuchter

a) Residence: No. 205 S. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced WIFE of Joseph P. Feuchter

TE OF BIRTH (month, day, year) Aug 2 1867

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67		22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto Md

NAME — Anner

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT (Address) Joseph Feuchter 205 S Castle

RIAL, CREMATION, OR REMOVAL Place Oaklawn Date 8/27 1934

DERTAKER (Address) J. L. Moran 3006 E. Balto St.

LED ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) P. P. Mercer M. D. Coroner

(Address) 1305 N Pattison Park

P 1205-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04282

4282

CERTIFICATE OF DEATH

Registered No. 46

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 E. Lombard St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

FULL NAME Etta Rosa Miller

(a) Residence: No. 2209 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Miller

DATE OF BIRTH (month, day, year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron Hamon.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Abraham Miller

(Address) 2209 E. Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Wash Rd Date 8/26/34 19

UNDERTAKER Jack Lewis Sons

(Address) 1439 E Balto St

FILED Huntington Pike Register

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to Aug. 26 1934

I last saw h alive on 8-6- 1934 Death is said to have occurred on the date stated above, at 3:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum	2
Other contributory causes of importance: Myocarditis	2

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael Ironsted M. D.

(Address) 2404 Garland Place

B 1268-9

VE 04283

04283 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 134

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3410 Pourhattan Ave 15-01 Ward)

Length of residence in city or town where death occurred 75 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

FULL NAME Hinda Sara Caplan

(a) Residence: No. 3410 Pourhattan Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of David

7. DATE OF BIRTH (month, day, year) 1871

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Isaacson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Selon

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Caplan Son
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cem Date 8-28-34 19

19. UNDERTAKER Jos. Young Inc
(Address) 1434 E. Eager St.

20. FILED 1934 Huntington Ave Pimlico Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25/34 19

22. I HEREBY CERTIFY, That I attended deceased from 10/15 1929 to 8/25 1934

I last saw h alive on 8/25 1934 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/25/34
Renal calculus (Rt)	1929
Pyonephrosis	1929
Hypertension	1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A A Zinter M D M. D.

(Address) 2020 Eutaw St

B 1268-9

F 04284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH Maryland General Hospital 6-01 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Catherine Frederick

(a) Residence: No. 3219 E Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

(If married, widowed, or divorced) (or) WIFE of Albert Frederick

6. DATE OF BIRTH (month, day, year) July 26, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43		28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME John Duffy

BIRTHPLACE (city or town) (State or country) Baltimore Md

11. MAIDEN NAME Jane Marshall

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug. 27, 1934

UNDERTAKER Josiah Ryder
(Address) 1 E. North ave

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1934 to Aug 24, 1934

I last saw her alive on Aug 24, 1934 Death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromyoma of uterus	2 yrs
Uterine hemorrhage	
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation Hysterectomy Date of 8-20-34

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Barnaby, M. D.

(Address) Md. General Hosp.

D 04285

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 04285

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2117 Boyd St. 20-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary E. Wilson

(a) Residence: No. 2117 Boyd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of Joseph R. Wilson

TE OF BIRTH (month, day, year) October 23 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Adam Gehring

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Caroline Hubele

BIRTHPLACE (city or town) (State or country) Baltimore

FORMANT (Address) Joseph R. Wilson 2116 Boyd St

RIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 27 1934

DERTAKER George L. Schnatt.

(Address) 2101 Frederick Ave.

LED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 8:10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis about 2 years	

Other contributory causes of importance:

Name of operation None Date of August 25 '34

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred L. Valentine M.D.
Coroner

(Address) 16 S. Broadway

F 04286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04286

CERTIFICATE OF DEATH

119

Registered No.

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

Y OF BALTIMORE: (No. BALTIMORE MD. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Donald Riggin

(a) Residence: No. 2913 Mankley Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

3E OF BIRTH (month, day, year) Dec. 20-1933

E Years	Months	Days	If LESS than 1 day, hrs. or min.
0	8	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore, Md
(State or country)

NAME John A^m Riggin

BIRTHPLACE (city or town) Crisfield
(State or country) Md

MAIDEN NAME Margaret Lee Keene

BIRTHPLACE (city or town) Balto.
(State or country) Md

NFORMANT John A^m Riggin

(Address) 2913 Mankley Ave

URIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Aug 28, 1934

NDERTAKER George T. Edwards

(Address) 2111 Fenwick Ave.

FILED Aug 27 1934 H. Fenton Roberts, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1934 to August 25, 1934

I last saw h^er alive on August 25, 1934 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Malnutrition	
2. Rickets	
3. Diarrhoea	
4. Food allergy - dermatitis	

Other contributory causes of importance:

1. Dehydration
2. Exfoliation

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Macmillan, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 04287 F 04287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Bruce St. 16-01 Ward)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth* yrs. mos. ds.

FULL NAME Mary Mildred Jones

(a) Residence: No. 809 Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	B.	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anthony Jones

DATE OF BIRTH (month, day, year) 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 -			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Orange Co Va

12. NAME Larkin White

13. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Peachy Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Walter White

(Address) 809 Bruce St

BURIAL, CREMATION, OR REMOVAL

Place Barlow's Date Aug 24 1934

UNDERTAKER

(Address) 638 Pennsylvania Ave

Huntington W. Va.

FILED 8/24/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24/34

22. I HEREBY CERTIFY, That I attended deceased from 7/31/34 to 8/24/34, 19 ; that I last saw h[illegible] alive on 8/24/34, 19 ; and that death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Leuk	7/31
Ord Haemorrhage	8/24

Other contributory causes of importance Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Lee White, M. D.

(Address)

B 1268-9

F 04288

04288 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. City Hospitals St., 7-01 Ward)

of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Stanton J. Johnson

(a) Residence: No. 617 N. Belnord Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, widowed, or divorced
USBAND of
r) WIFE of Grace Johnson

E OF BIRTH (month, day, year) July 12, 1885

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker 023

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Maryland

Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation 17

RTHPLACE (city or town) State or country) Baltimore Md.

NAME Jarrett Johnson

BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MAIDEN NAME Wilhelmina Catlin

BIRTHPLACE (city or town) (State or country) Salisbury Md.

FORMANT Leroy Johnson

Address) 617 N. Belnord Ave.

RIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug. 28, 1934

DERTAKER William Kock

Address) 1217 St. Paul St.

D 27 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 3.05 P m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Freeman M.D. M. D.

Coroner

(Address) 1306 N Patterson Park Ave

F 04289

F 04289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 W. Hamburg St., 23 Ward)

Yrs. of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Abraham F. Clark

(a) Residence: No. 20 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~
HUSBAND of ~~or WIFE of~~ Mary Clark

DATE OF BIRTH (month, day, year) Jan 15th 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways
10. Date deceased last worked at this occupation (month or year) 1925
11. Total time (years) spent in this occupation 31

BIRTHPLACE (city or town) (State or country) Md.

13. NAME ~~or~~ Clark

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary Clark
(Address) 20 W. Hamburg St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 28th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 27 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1 1934, 19.., to August 25 1934

I last saw ~~him~~ alive on August 25 1934. Death is said to have occurred on the date stated above, at 9th p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease	
Broncho Pneumonia	Aug 20 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ~~specify~~

(Signed) Edwin Hannig, M. D.

(Address) 1726 Hanover St.

1-30—M. & T.—250 Bks

F 04290

F 04290 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 160-002

1. PLACE OF DEATH (a) CITY OF BALTIMORE: (No. 1732 W. Lexington ST. 20-01 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Boy Werner

(a) RESIDENCE NO. 1732 W. Lexington ST., WARD (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred No yrs. No mos. one ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	White	Newborn

married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24th 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or 20 min.
		2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm W. Werner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Viola Marshack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Wm Werner
(Address) 1932 W. Lexington St

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1934, to Aug. 26, 1934.

that I last saw him alive on Aug. 25, 1934.

and that death occurred, on the date stated above, at 2:50 a. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, cerebral

(duration) No yrs. No mos 1½ ds.

CONTRIBUTORY (Secondary) Premature - Birthweight 5 lbs 4 ozs (duration) yrs. mos 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Judie Wallace, M. D.

, 19 (Address) 3239 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Aug 27th 1934

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

94291

HEALTH DEPARTMENT—CITY OF BALTIMORE

94291

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2825 Christopher Ave Ward) 8-21

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME August G. Budeker

(a) Residence: No. 2825 Christopher Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
ale	White	Married

~~married, widowed, or divorced~~
RESBAND of ~~wife of~~ Florence L. Budeker

ATE OF BIRTH (month, day, year) Dec 9th 1876

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman & Porter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oppenheimer Bros

9. Date deceased last worked at this occupation (month and year) Aug 1934 | 11. Total time (years) spent in this occupation 27 yrs

IRTHPLACE (city or town) (State or country) Balto Md.

. NAME Fred Budeker

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Catherine Boettcherider

. BIRTHPLACE (city or town) (State or country) Germany

XTORMANT Florence L. Budeker
(Address) 2825 Christopher Ave

ERIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 28th 34

NDERTAKER Wm Cook
(Address) 1217 St Paul St.

ILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934 to Aug 25th 1934

I last saw h~~im~~ alive on Aug 24 1934 Death is said to have occurred on the date stated above, at 1:15 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	Unknown
chronic myocardial disease with cardiac hypertrophy	Yrs.
Other contributory causes of importance:	
Cerebral haemorrhage	Aug 3rd
Hemiplegia	1934

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. Mitchell M. D.

(Address) 901 Edmondson Ave

D. B. No. 04292 Howard ✓ E 04292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Eutaw St., 14-21 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Howard

(a) Residence: No. 1923 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of William Howard

DATE OF BIRTH (month, day, year) 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co.

13. NAME Henry Howard

14. BIRTHPLACE (city or town) (State or country) Howard Co.

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Eliza Hay

(Address) Catonsville Md

BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 8-28-1934

UNDERTAKER David Easton

(Address) 916 Eutaw ave

FILED 8-27-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-21-1934 to 8-24-1934

I last saw him alive on 8-24-1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchio-pneumonia	8/21/34
Chronic Valvular Heart Disease	3/2/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Cockrum M. D.

(Address) 600 N. Arlington Ave

F 04293 ✓ F 04293

89093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 76-01 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Leslie Brown

(a) Residence: No. 1305 S. Clinton St., 26 Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-11-33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Fannie Brown

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Celine Champion

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cem. Date aug 27, 1934

19. UNDERTAKER Zeller + Zeiler Inc. (Address) 403 S. Wolfe St

20. FILED , 19 Registrar.

AUG 1934 Attesting Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1934 to Aug 24, 1934

I last saw him alive on Aug 24, 1934. Death is said to have occurred on the date stated above, at 735 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, bacillary. Cleaner	8-17-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Stool Culture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

F 04294

04294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 313 S. Washington St St., 2-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Joseph L. Jaskulski

(a) Residence: No. 313 S. Washington Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - - -

TE OF BIRTH (month, day, year) July 27th/1930

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	0	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME William Jaskulski

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Helen Ratajczak

BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

FORMANT Mr. William Jaskulski

(Address) 313 S. Washington Street

RIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date August 27th 1934

NDERTAKER George A. Weber

(Address) 725 S. Ann Street

LED. 1934 ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Convulsions due to Intestinal obstruction

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. P. Kenny M. D.

(Address) 1-05 N Patterson Park Ave Coroner

04295 F 04295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1038 N. Central Ave. St. 10-01 Ward)

of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary Elizabeth Helling

(a) Residence: No. 1038 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

E OF BIRTH (month, day, year) About 1858

Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Bernard Helling

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Elizabeth Wessling

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Elizabeth Nanmann
Address) 1038 N. Central Ave.

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 28 1934

DERTAKER Henry Hoede & Sons Inc
Address) 1301 E. Eager St.

27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Auge 24 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Valentine M.D. Coroner

(Address) 16 South Broadway

B 1268-9

04296 ✓ F 04296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. BALTIMORE, MD. St., 7-01 Ward)

th of residence in city or town where death occurred 21yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dorothy Caroline Cernik

(a) Residence: No. 718 North Linwood St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) September 15, 1923

E Years	Months	Days	If LESS than 1 day, hrs. or min.
10	11	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

. NAME George P. Cernik

. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

. MAIDEN NAME Mildred V. Jansen

. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FORMANT George P. Cernik
(Address) 718 North Linwood Ave

URIAL, CREMATION, OR REMOVAL
Place Baltimore Date 8/29/34, 19.

NDERTAKER Geny J. Butz Son
(Address) 133 West Fayette Street

Huntington Williams, M.D.
Registrar

G 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934 to August 26, 1934

I last saw her alive on August 26, 1934 Death is said to have occurred on the date stated above, at 8:58 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Osteomyelitis - left tibia	
2. Septicaemia (Staph. aureus)	
3. Metastatic abscess.	
4. Pyo-pericardium	
5. Pneumonia - metastatic.	

Other contributory causes of importance:

1. Toxaemia over

Name of operation Thoracotomy & drainage Date of 7-2-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

04297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04297

186-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. St. Joseph's Hospitals St. 12-A Ward)

of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Michael Schmidtman

(a) Residence: No. 441 E. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) About 1875

Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Germany

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Wm. T. Young
Address) 441 E. Lanvale St.

RIAL, CREMATION, OR REMOVAL

Date 9/27/34, 19

DERTAKER

Address)

LED

27 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 9.50 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Pneumonia	Aug. 21 1934.
Other contributory causes of importance:	
Broken clavical and humorus due to fall	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 21-34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fall down steps

Nature of injury Broken clavical and humorus.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine M. D.
Coroner

(Address) 16 South Broadway

P 1265-9

F 04298 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04298

CERTIFICATE OF DEATH

PLACE OF DEATH Bon Secours Hospital 159
OF BALTIMORE: (No. Fayette & Pulaski Sts. Ward. Registered No.
(If death occurred in hospital or institution, give its NAME instead of street and number.)
h of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby (Boy) Eisenhardt
(a) Residence: No. Born at Bon Secours Hospital Ward.
(Usual place of abode) 1235 W. Lombard St. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale W	

married, widowed, or divorced
HUSBAND of
e) WIFE of

TE OF BIRTH (month, day, year) Aug 25, 1934

Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore Md
(State or country)

NAME Rev. William Eisenhardt

BIRTHPLACE (city or town) Philly
(State or country) Pa.

MAIDEN NAME Mary A. Curid

BIRTHPLACE (city or town) Phila.
(State or country) Pa.

FORMANT William Eisenhardt.
(Address) 1235 W. Lombard St.

URIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 27, 1934

NDERTAKER F. Vernon Keehner
(Address) 1532 Hollins St.

LED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934, at 9 A.M. to Aug 25, 1934, at 2 P.M. I last saw him alive on Aug 25, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Separation of Placenta	Aug 25, 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wendell L. Shipley M.D.

(Address) Bon Secours Hospital

R. 1268-9

04299 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04299

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4213 Ridgewood Ave. St. 15-01 Ward)

th of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth B.Hain

(a) Residence: No. 4213 Ridgewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of William G.C.Hain

TE OF BIRTH (month, day, year) Dec 7 1844

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	8	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

8. NAME Leonard Kronmiller

9. BIRTHPLACE (city or town) (State or country) Germany

10. MAIDEN NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT M.Katherine Hain
(Address) 4213 Ridgewood Ave.

BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem. Date Aug 29. 19 34

UNDERTAKER Harry T. Amoss & Son
(Address) 4204 Ridgewood Ave.

FILED Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1934 to Aug 26. 1934

I last saw her alive on Aug 24 1934 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1932
Other contributory causes of importance: Arteriosclerosis	1932

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Lemmert M. D.

(Address) 4209 Roland Ave

F 04300

F 04300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 1701

PLACE OF DEATH

Y OF BALTIMORE: (No. Univ Hosp - Lombard & Greene Sts., 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Barry Fenton

(a) Residence: No. 12 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

~~married~~ ~~widowed~~ or ~~divorced~~
HUSBAND of
(or) ~~WIFE~~ of January 21st

ATE OF BIRTH (month, day, year) January 21st 1881

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B. & O. R.R.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk 209

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Ellicott Md

NAME Emma H Fenton

RTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Augusta Young

RTHPLACE (city or town) (State or country) Penna

NFORMANT Augusta E. Fenton

(Address) 12 E. Lanvale St.

URIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 28, 1934

NDERTAKER Key Springer & Co.

(Address) 1 E. Lexington St.

ILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to Aug 28, 1934

I last saw ~~him~~ alive on Aug 28, 1934. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	January 1933
Other contributory causes of importance: Gastric Hemorrhage.	Aug 25 '34

Name of operation Gastro-Enterostomy Date of 6/20/34

What test confirmed diagnosis Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. Delmas Caples, M. D.

(Address) Univ. Hospital

F 1865-9

4301

F 04301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 211 S Bethel St St. 3-01 Ward)

h of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Betty Robinson

(a) Residence: No. 211 S Bethel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Married

married, widowed, or divorced
USBAND of
) WIFE of Tom Robinson

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Rocky Mountain
(State or country) N. C

NAME Tom Thorton

BIRTHPLACE (city or town) N. C.
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) N. C.
(State or country)

FORMANT Tom Robinson
(Address) 211 S Bethel St.

RIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date Aug 27, 1934

NDERTAKER Wendell J. Diffel
(Address) 300 S Edel St

AUG 27 1934 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemipegia R Side	

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Nest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C K Bergamo M. D.
Coroner

(Address) 130 N Patterson Park Ave

F 04302

F 04302

8913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 6-01 Ward)

CITY OF BALTIMORE: (No. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If not resident of city or town where death occurred, give city or town and State)

FULL NAME Sarah Ann Goldston

(a) Residence: No. 1833 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

If married, widowed or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 2-2-1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Md

10. NAME Leon Jones

11. BIRTHPLACE (city or town) (State or country) Md

12. MAIDEN NAME Nettie Goldston

13. BIRTHPLACE (city or town) (State or country) Md

14. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

15. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn cemetery Date Aug 28 1934

16. UNDERTAKER Edw. Bryan

(Address) 1631 Orleans st

FILED Aug 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1934 to Aug 25, 1934

I last saw her alive on Aug 25, 1934 Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	8-17-34
Other contributory causes of importance: Otitis media	8-22-34

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Johns Hopkins Hospital

F 04303

F 04303

8621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

gth of residence in city or town where death occurred

FULL NAME Loretta Richards

(a) Residence: No. 1726 Mullikin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME William Richards

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Ethel Logan

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place asbury cemetery Date aug 28 1934

UNDERTAKER Edw Bryon (Address) 1691 orleans st

FILED 1934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1934, to Aug 25, 1934

I last saw h alive on Aug 25/1934 Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

Diarrhea and enteritis — Date of onset 8-4-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis D Schyenthen, M. D.

(Address) Johns Hopkins Hosp

04304 E 04304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 701 Washington Blvd. 21-01 Ward)

of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Jindkowski

(a) Residence: No. 701 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W.	

married, widowed, or divorced
HUSBAND of
) WIFE of

DATE OF BIRTH (month, day, year) July 9th. 1934.

Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Kazmierz Jindkowski

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Gertrude Chirst

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Kazmierz Jindkowski
(Address) 701 Washington Blvd.

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 8/27/34 19

UNDERTAKER Frederick A. Cole
(Address) 1202 W. Fayette St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 23

Other contributory causes of importance:

Name of operation Tapping Date Aug 25th

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 S. Paca

F 1268-3

1305

F 04305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 5405 Garland Pl-21 St. or Ward)

th of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James Williams

(a) Residence: ... Texas Maryland, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
orb	White	Married

married, widowed, divorced
HUSBAND of
or) WIFE of Ida Williams

TE OF BIRTH (month, day, year) July 2-1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	1	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solver 640

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Co.

NAME Jacob Williams

BIRTHPLACE (city or town) (State or country) Warren MD

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) unknown MD

FORMANT Florence Smith
Address) 5405 Garland Pl

RIAL, CREMATION, OR REMOVAL
Place Popular Cemetary Date Aug 28 1934

NDERTAKER John Burns' Sons
Address) Towson Md.

UG 27 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25-1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5-30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Coronary Sclerosis	August 25-34
Other contributory causes of importance:	
Myocardial Degeneration	?

Name of operation Injection Aug 26-34 What test confirmed diagnosis? 1. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D.

Coroner

(Address) 16 So Broadway

F 1268-9

04306 F 04306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 27-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Howard J. Winkelmeyer

(a) Residence: No. 3817 Woodley Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Divorced

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Aug. 3 1876

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58		22.	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

11. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Henry Winkelmeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Louise Fitzberg

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Aug. 28, 1934

19. FUNERAL DIRECTOR & EMBALMER Geo. A. Sander.
(Address) Baltimore & Broadway.

Filed AUG 27 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, to Aug 25, 1934

I last saw him alive on Aug 25, 1934 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension	?
Hemiplegia, left - Cer & Occ central hemorrhage	4 yrs
Pulmonary tuberculosis, fibroid	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. P. Magid, M. D.

(Address) Balt City Hosp

F 04307

04307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 8-01 WARD)

2. FULL NAME Mr Peter Hilberg

(a) RESIDENCE NO. 2242 Prentis Place ST.. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos ds. How long in U. S., if of foreign birth? 45 yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (HUSBAND of / WIFE of) Elizabeth Grief Hilberg

Mrs Peter Hilberg 1871

DATE OF BIRTH (month, day, and year) Nov 23, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storekeeper. Dies

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit Produce

(c) Name of employer Clarus

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Conrad Hilberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Krafft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Frederick Hilberg (Son)

(Address) (Ellicott City, Md.

AUG 27 1934 Livingston Williamsburg, N.Y.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27. 1934

17

I HEREBY CERTIFY, That I attended deceased from August 19, 1934, to August 27, 1934

that I last saw him alive on Aug. 27, 1934

and that death occurred, on the date stated above, at 7:00 A. M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia (2 days)

Chronic Myocarditis (3 years)

= Decompensation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, hypertension and Acute Nephritis (duration) yrs. mos. days

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 23, 1934

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Richard V. Howard M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cemetery

DATE OF BURIAL Aug. 30. 1934

20 UNDERTAKER Harry F. Sander

HARRY SANDER & SONS. INC.

ADDRESS Baltimore & Broadway.

F 1268-9

F 04308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals St. 20-a Ward)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

FULL NAME William Stroebe

(a) Residence: No. 32 S. Calverton Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) Mar. 26, 1871

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (63)

8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Philadelphia Pa

9. NAME Frederick Stroebe

10. BIRTHPLACE (city or town) (State or country) Germany

11. MAIDEN NAME Catherine Haber

12. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Record
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 27 1934

NDERTAKER H. G. Aspect & Son
(Address) 1300 Eutaw Place

FILED [illegible] 19 Registrar.

Huntington Woods, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1934 to Aug. 24, 1934

I last saw him alive on Aug 24, 1934. Death is said to have occurred on the date stated above, at 6 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephrosclerosis	?
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. Phagel, M. D.

(Address) Balt. City Hosp.

B. 1268-9

F 04309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04309

CERTIFICATE OF DEATH

145-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Clin Hosp. St. 16-21 Ward)

th of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Olive Tyler

(a) Residence: No. 1131 N. Mount St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

married, widowed, or divorced HUSBAND of ~~WIFE~~ George Tyler.

TE OF BIRTH (month, day, year) Feb. 12, 1896

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	5 6	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 0 7

IRTHPLACE (city or town) (State or country) Balto Md.

. NAME Wm Wilson

. BIRTHPLACE (city or town) (State or country) Va Co Md.

. MAIDEN NAME Hetty ?

. BIRTHPLACE (city or town) (State or country) Md.

FORMANT George Tyler

(Address) 1131 N. Mount St

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemy Date Dec 7, 1934

NDERTAKER Thos. E. Kelly

(Address) 130 E Preston St

ILED DEC 7 1934 Huntington Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934 to Aug 23, 1934

I last saw her alive on Aug 22, 1934 Death is said to have occurred on the date stated above, at 2.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Puerperal Sepsis	Aug 7 34
a. Septic Endometritis	
b. Parametritis	
c. Pelvic peritonitis	
Other contributory causes of importance:	
2. Broncho Pneumonia bilateral	Aug 21 34

Name of operation None Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Savage, M. D.

(Address) Clin Hosp.

B. 1268-9

04310 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04310

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1225 Chatham St., 8-21 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ethel Watkins

(a) Residence: No. 1225 Chatham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

If married, widowed, or divorced (or ~~husband of~~ wife of) Pat Watkins

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Joint Fields

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sallie Higgins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Pat Watkins

(Address) 1225 Chatham

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Aug. 27, 1934

19. UNDERTAKER Mrs. R. O. Elliott's Daughter

(Address) 1129 N. Caroline Street

FILED AUG 27 1934 Huntington White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1934 to 8-24, 1934

I last saw her alive on 8-24, 1934 Death is said to have occurred on the date stated above, at 10:10 A.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	8/18/34

Other contributory causes of importance: Overwork and Exposure to cold

Name of operation None Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) D. R. Blake, M. D.

(Address) 924 Arrguith

F 04311

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04311

CERTIFICATE OF DEATH

210-002

Registered No. .....

PLACE OF DEATH

OF BALTIMORE: (No. St. Agnes Hospital. Street 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph F. Owens.

(a) Residence: No. Ellicott City Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

Married XXXXXXXXXX
HUSBAND of May Owens.
XXXXXXX

E OF BIRTH (month, day, year) Do not know.

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	------	-----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Joseph F. Owens.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Arabelle McIntosh.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Alice Schilling. (sister)
Address) 4200 Woodstock Ave.

RIAL, CREMATION, OR REMOVAL
Place St Mary Hanfden Date Aug 27/1934

DERTAKER Wm Cook
Address) Lay St Paul 52

1934 Aug 27 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 12.30 m. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Struck and nocked down by an automobile.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury 8/24/34 19

Where did injury occur? Baltimore Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Frederick Rd. near Ellicott City.

Manner of injury Struck & knocked down by automobile.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Leinhardt Coroner, M. D.

8/25/34 (Address) 1017 E. Charles St.

B. 1268-9

SAKERS

04312 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04312

CERTIFICATE OF DEATH

95-002

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3007 Guilford Ave. St. 12-01 (Ward)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jennie E. Sakers

(a) Residence: No. 3007 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced, HUSBAND of (or) WIFE of: William H. Sakers

DATE OF BIRTH (month, day, year): Nov. 22-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Kansas City, Mo.

13. NAME OF FATHER: Joseph Filtabridle

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

15. MAIDEN NAME OF MOTHER: Lucern Rebecca DeLauter

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. E. Fred Lucern 3007 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place: Mays Hampden Date: Aug. 29- 1934

19. UNDERTAKER (Address): Horace F. Burgee 363 Fallo Road

20. FILED: Aug 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from about 1933 to Aug 26 1934

I last saw her alive on Aug 22 1934. Death is said to have occurred on the date stated above, at 1:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	5 Yrs

Other contributory causes of importance:

Senility	5 Yrs

Name of operation: — Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) William E. Ford, M. D.

(Address) 227 Fonk Road

B 1368-9

F 04313

04313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St. 22-01 Ward)

th of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Daniel Norris

(a) Residence: No. 610 So. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
1.	Col.	Married

married, widowed, or divorced) HUSBAND of ~~or WIFE of~~ Susie Norris

TE OF BIRTH (month, day, year) 10-30-1872.

E Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Co. Md.

NAME John L. Norris

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Lucy Williams

BIRTHPLACE (city or town) (State or country) Va.

FORMANT (Address) Susie Norris 610 S. Paca St. (wife)

RIAL, CREMATION, OR REMOVAL

Place Fairview Cem. Date 8/27/24

NDERTAKER (Address) Chas. E. Cooper 5745 Baltimore St.

LED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 . 1924

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Fracture of Left Hip

accidental

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 22 . 1924

Where did injury occur? 610 S Paca (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell down steps

Nature of Injury Fract L Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) B P Stevenson M. D.
Coroner

(Address) 2057 Pattenson Park

B 1268-9

F 04314

4314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

Registered No. 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. BALTIMORE, MD St., Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Reed

(a) Residence: No. 1607 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ral	colored	married

married, widowed, or divorced
(or) WIFE of Robert Reed

TE OF BIRTH (month, day, year) 1895

E Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va

. NAME Louis Lee

. BIRTHPLACE (city or town) (State or country) Va

. MAIDEN NAME Lucy Lee

. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Virginia Medicin Meade

(Address) 608 N. Carrollton Ave

URIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/27 1934

NDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16 1934 to August 23 1934

I last saw her alive on August 23 1934 Death is said to have occurred on the date stated above, at 4:25 A m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Arteriosclerosis - (Uremia)
2. Hypertension
3. Cardiac hypertrophy + dilatation
4. Tuma - bone metast. lung - (malignant?)

Other contributory causes of importance:

1. Myomata uteri
2. Chronic pelvic inflamatory disease

Name of operation none Date of

What test confirmed diagnosis autopsy? Was an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Mosenella M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 04315

HEALTH DEPARTMENT—CITY OF BALTIMORE

315

CERTIFICATE OF DEATH

√ 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Kenyon Ave St., 76-41 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mary C. Kloch

(a) Residence: No. 3006 Kenyon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Kloch

DATE OF BIRTH (month, day, year) Jan. 4/1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Louis Kloch

(Address) 3006 Kenyon Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 8/27/34 19

UNDERTAKER Philip Sturgis Sons

(Address) 2816 Pelham Ave.

FILED P Numbering D Registrar.

1934 PRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 / 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 1933 to Aug 23, 1934

I last saw her alive on 23 Aug 1934 Death is said to have occurred on the date stated above at 3:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Carcinoma of Stomach	
Atrophic Cirrhosis	
Ascites	
Ovarian Cystic-adenoma	
Other contributory causes of importance:	
Cystic-Sclerosis	
Senility	
Pneumonia	

Name of operation Thoracentesis Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Anderson M. D.

(Address) 2001 Shannon Drive

D. B. 1268-9

F 04316

04316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5607 Govane Ave. (Ward) 43rd)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Ewers

(a) Residence: No. 5607 Govane Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Dec. 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME August Ewers

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Louise —

16. BIRTHPLACE (city or town) (State or country) Ger.

INFORMANT Mrs. Louise Moore
(Address) 5607 Govane Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 29 1934

UNDERTAKER Rita Wiedefeld
(Address) 974 Fleetwood

FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934. to August 26 1934
I last saw her alive on August 26, 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Other contributory causes of importance: Chronic Myocarditis	Indef.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. T. Cole M. D.
(Address) 6014 York Road

F 04317

B. 1268-9

4317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 4th Ward)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anne Catherine Theodos

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of (or) ~~WIFE~~ of Demetrius Theodos

7. DATE OF BIRTH (month, day, year) 10 Dec. 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Dorothea Dillaway.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anne Maria Watson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Sister Stanislaus, Superior Little Sisters of the Poor. 1200 Valley St. City.

18. BURIAL, CREMATION OR REMOVAL. Date Aug 29 1934

Place Mary Catherine

19. UNDERTAKER (Address) Edw. Brachfeld P.E.W.

20. FILED Aug 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 26 August 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Aug 26 1934

I last saw her alive on Aug 24 1934 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 d
Other contributory causes of importance Hemiplegia bpt side Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis Phy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Dr. C. Parker M. D.

(Address) 1114 Washington

F 04318

F 04318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 45

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Riverside Ave (Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John H. Marley

(a) Residence: No. 1232 Riverside Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

~~Married~~ widowed, ~~or divorced~~ HUSBAND of Elizabeth Marley

DATE OF BIRTH (month, day, year) Feb 4th 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Inspector

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co

9. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 34

BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER J. Henry Marley

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary Hartlove

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mrs. Mary Gross

(Address) 1232 Riverside Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross (Brooklyn) Date Aug 29th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2- 1934 to Aug 25 1934

last saw h~~im~~ alive on Aug 20 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of mouth + Respiratory Tract.	7 mos

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. Wm Wilcox M. D.

(Address) 1279 Mulberry

04319 Dr Lennan 718 N. Patterson Park Ave

E 04319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1740 Abbottston St., 9-01 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lawrence King

(a) Residence: No. 1740 Abbottston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
le	White	Married

~~married, widowed, or divorced~~ HUSBAND of ~~wife~~ Mary King

ATE OF BIRTH (month, day, year) Dec 8th 1854

E Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Factory

9. Date deceased last worked at this occupation (month and year) 1916 | 11. Total time (years) spent in this occupation 25

IRTHPLACE (city or town) (State or country) Balto Md

3. NAME Philip King

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Mary Roeder

6. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Leo A. King

(Address) 1740 Abbottston St

URIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 8/28/34

UNDERTAKER Wm. C. Saul & Son

(Address) 1217 E. Baltimore St.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934, to Aug 25, 1934.

I last saw him alive on Aug 25, 1934. Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	Aug 21

Other contributory causes of importance:

Hypertrophic Tuberculosis Larynx Cardiovascular Renal Disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alan P. Lennan, M. D.

(Address) 718 N. Patterson Park Ave

D. B 1268-9

F 04320 Page # 15

4320 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

PLACE OF DEATH Good Shepherd Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1512 Gilmor St. St., 5-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John White

(a) Residence: No. 421 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) unknown

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Aug 27, 19 34

UNDERTAKER
(Address)

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1934 to August 24, 1934
I last saw him alive on Aug 22, 1934 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 days.
Hypertensive cardio-vascular disease.	
Other contributory causes of importance:	
Chronic nephritis.	
Right sided hemiplegia.	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.

(Signed) H. A. Parsons M. D.

(Address) 838 Cathedral St

D. B. 1268-9

F 04321

04321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Carroll St. 25-01 Ward)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John B. Durand

(a) Residence: No. 2603 Carroll St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Dec 25, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt. House

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Genoa Italy

13. NAME John Durand

14. BIRTHPLACE (city or town) (State or country) Genoa

15. MAIDEN NAME Anne Jones

16. BIRTHPLACE (city or town) (State or country) Genoa

17. INFORMANT Mrs Anne Durand

(Address) 2603 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL Date Aug 15 1934

Place Mt Olivet Cem

19. UNDERTAKER Joseph B Cook & Bro

(Address) 1009 N Eutaw St

FILED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to Aug 26 1934

I last saw him alive on Aug 24 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver and Gall Bladder	6 Months
Other contributory causes of importance: Senile Carcinomatosis	6 Months

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury ..... 19..

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward P. Smith M. D.

(Address) 920 St. Paul St. 920 St. Paul St.

1-30—M. & T.—250 Bks.

F 04322

4322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 2104 Penrose ST. 20-01 WARD)

2-FULL NAME Edith L. Frey

a) RESIDENCE NO. 2104 Penrose ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

married, widowed, or divorced (or) WIFE of HUSBAND of Andrew S Frey

TE OF BIRTH (month, day, and year) April 23 1906

E Years	Months	Days	If LESS than 1 day, hrs. or min.
28	4	2	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work House wife

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore

0 NAME OF FATHER Charles H. Tippett

1 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

2 MAIDEN NAME OF MOTHER Caroline Hoffman

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Charles H. Tippett

(Address) 2104 Penrose ave

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25-34

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11th, 1934, to Aug. 25th, 1934.

that I last saw her alive on Aug. 25th, 1934,

and that death occurred, on the date stated above, at 5-5 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus,

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis to bladder

(duration) yrs. Three mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb, 28th-34

Was there an autopsy? No,

What test confirmed diagnosis? Microscopic (Hospita

(Signed) Thos. H. Phillips, M. D.

8-26-34 (Address) 1939 Edmondson Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 8/28 1934

20 UNDERTAKER Frederick A Cole

ADDRESS 1200 W Lombard

MF 04323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

Registered No. 3323

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St., 26-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Hildegrade Wehner.

(a) Residence: No. Poplar Ave. Essex Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

AGE OF BIRTH (month, day, year) September 5, 1922

Years	Months	Days	If LESS than 1 day, hrs. or min.
11	11	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Matthew Wehner.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Tobithie Bloodsworth.

BIRTHPLACE (city or town) (State or country) Essex, Md.

INFORMANT Matthew Wehner. (father)

(Address) Poplar St. Essex, Md.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Aug. 28 1934

UNDERTAKER Edw. F. Connelly

(Address) Essex Md.

FILED 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25,, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull, struck and knocked down by an automobile.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury 8/25/34

Where did injury occur? Riverside near Race St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street

Manner of injury Struck by automobile

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Heinhardt, M. D.

8/27/34 (Address) 1017 E. Charles St. Coroner

M ✓ F 04324

F 04324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Frederick Ave near Millington Ave Ward) 96 66

of residence in city or town where death occurred 16 yrs. --- mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harriett Mack.

a) Residence: No. 482 Brunswick St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

Married, widowed, or divorced
HUSBAND of
WIFE of ---

DATE OF BIRTH (month, day, year) March 10, 1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER'S NAME Do not know.

MOTHER'S BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER'S MAIDEN NAME Do not know.

HUSBAND'S BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Louis Bauer. (grandson)
(Address) 557 Grace Ave. Akron, Ohio.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Aug 28 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Reg. No. 281934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull, struck and knocked down by an automobile

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury 8/25/34 19

Where did injury occur? Frederick Ave Lotto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Fracture of the skull.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Heinlandt Coroner, M. D.

(Address) 2 Charles St.

25

X 131 ✓ F 04325

STATE OF MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH

nty

Registration Dist. No.

or City Baltimore (No. 18 E. Mt. Vernon St. Ward 11-01) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Amron Blackburn Place

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
White	Married

OF BIRTH March (Month) 5 (Day) 1865 (Year)

69 yrs. 5 mos. 23 da. (IF LESS than 1 day hrs. or min.)

UPATION (Trade, profession or ular kind of work; eneral nature of industry ss, or establishment in employed or (employer)) Retired Farmer

HPLACE (State or country) Lancaster Co. Pa.

NAME OF FATHER Jesse Blackburn

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Eliza Baily

BIRTHPLACE OF MOTHER (State or country) Pa

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm M. Blackburn

(Address) 86 Mt Vernon Pl

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. (Month) 28th (Day) 1934 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 10 1934 to Aug. 28 1934, that I last saw h alive on Aug. 27 1934, and that death occured on the date stated above, at 2:05 Am.

The CAUSE OF DEATH * was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. 3 mos. da.

Contributory Secondary Prostatitis Chronic

(Duration) yrs. 3 mos. da.

(Signed) F. L. Cauffman M. D.

8-28 1934 (Address) 8 East Read St

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Penn. Hill Cem. Peach Bottom Pa

DATE OF BURIAL Aug. 30 1934

UNDERTAKER F. L. Cauffman

ADDRESS Peach Bottom Pa

73 1934

If more burials are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

✓ F 04326

04326

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME James Gray

(a) Residence No. 1920 Hannaman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Regards

(Address) Back City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 28th, 1934

19. UNDERTAKER Wm. Robert A. Elliott - Vaughn

(Address) 112 E Lanvale St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934 to Aug 25, 1934.

I last saw he alive on Aug 25, 1934 Death is said to have occurred on the date stated above, at 405 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J P Rogers, M. D.

(Address) Back City Hosp

04327 ✓ F 04327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. 26-01

PLACE OF DEATH

Y OF BALTIMORE: (No. 410 S. Conwell St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marie Rodrick

(a) Residence: No. 410 S. Conwell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	—

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) Aug 16 - 1934

E Years	Months	Days	If LESS than 1 day, hrs. or min.
		12 11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

IRTHPLACE (city or town) (State or country) Balto. Md.

NAME Howard Rodrick

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Marie Groth

BIRTHPLACE (city or town) (State or country) Balto. Md.

NFORMANT Howard Rodrick

(Address) 410 S. Conwell St.

URIAL, CREMATION, OR REMOVAL

Place Schnuck's Chapel Date Aug. 28, 1934

NDERTAKER Wm. J. Malloy & Son

(Address) 1534 Jefferson St.

ILED Aug 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27. 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 16. 34 to Aug 27. 34

I last saw her alive on Aug 27. 1934 Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Trouble	Aug 16

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) William J. Bramer M. D.

(Address) 801 Eutaw St

F 04328

F 04328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Obie Foster

(a) Residence: No. 1407 St. Matthew St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/4/96

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
8. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) md

10. NAME Dimmed Foster

11. BIRTHPLACE (city or town) (State or country) Md.

12. MAIDEN NAME Emma Saunders

13. BIRTHPLACE (city or town) (State or country) Md

14. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

15. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date Aug 28 1934

16. UNDERTAKER Robert V. Widdicombe
(Address) 1515 McElderry St

AUG 28 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 . 1934 to Aug 22 . 1934
I last saw him alive on Aug 22 . 1934 Death is said to have occurred on the date stated above, at 6 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar 1934
Tuberculosis of larynx	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Clarence Cole Lillie, M. D.

(Address) Johns Hopkins Hospital

F 1268-9

F 04329

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE (City or County) (Institution) (Street and No. or Ward) 11-31

(b) Usual residence of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Roane

(a) Residence: No. 334 Camel St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Col	Widowed

married, widowed or divorced
HUSBAND of
(or) WIFE of Marie Roane

DATE OF BIRTH (month, day, year) 1886

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME Robt Roane

BIRTHPLACE (city or town) (State or country) md

MAIDEN NAME Georgeann Elwood

BIRTHPLACE (City or town) (State or country) md

INFORMANT Georgeann Edmund

(Address) 2332 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place Ft. Custer Date Aug 29 1934

UNDERTAKER Ernest C. Stevenson

(Address) 418 Dunn Building Huntington, W. Va.

AUG 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1934

22. I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... and death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What tests confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ... (Surgeon)

04330 ✓ F 04330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH: (a) Dead on arrival at St. Joseph Hospital St. 7-01 Ward)

(b) OF BALTIMORE: (No. ..... St., ... Ward)

(c) If not in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Franklin Fuka

(a) Residence: No. 807 N. Castle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced: (a) HUSBAND of (or) (b) WIFE of

7. DATE OF BIRTH (month, day, year) May 1/24

8. Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	3	27	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Joseph Fuka

13. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

14. MAIDEN NAME Hattie Tudor

15. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

16. INFORMANT Joseph Fuka

(Address) 807 N. Castle St

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 30, 1934

18. UNDERTAKER Frank Coach & Son

(Address) Holy Redeemer 1906 Ashland Ave.

19. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at about 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 8/27/34

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Old Quarry Hole - Herring Run

Manner of injury near Harford Ave while

Nature of injury trying to retrieve ball

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. S. H. Cain, M. D.

Coroner

(Address) 108 E. Lexington

04331 100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04331

CERTIFICATE OF DEATH

94-0V

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Mercy Hospital St. 21-01 Ward)

2-FULL NAME James T. Murphy Sr.

(a) RESIDENCE NO. 1251 W. Cross St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna E. Murphy

DATE OF BIRTH (month, day, and year) July 24 1876

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58.	1	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Express driver
(b) General nature of industry, business, or establishment in which employed (or employer) Railway Express Co.
(c) Name of employer

BIRTHPLACE (city or town) .....
(State or country) Baltimore, Md.

10 NAME OF FATHER Cornelius Murphy

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

Informant Mrs. Anna E. Murphy
(Address) 1251 W. Cross St.

Filed AUG 2 1934 19.... Registrar Hunter Millsey, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion of Coronary Artery

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

Sudden (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Hundley, M. D.

8/27/34 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 8/ 1934

20 UNDERTAKER John F. Howard & Son

ADDRESS 901 Hollins

8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 4.04332

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3034 Baker St. St. 16-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ferdinand Gottlieb Kammer

(a) Residence: No. 3034 Baker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine C. Kammer

DATE OF BIRTH (month, day, year) Nov. 29-1870

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME OF FATHER William H. Kammer

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea Royber

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Catherine C. Kammer
(Address) 3034 Baker St.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug. 28 19 34

UNDERTAKER Stewart & Mowen Company
(Address) 128 W. North Avenue

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26 19 34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Aug 26 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Vachon M.D. Coroner

(Address) 16 South Broadway

F 04333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 26-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HANNAH BUELAH PEYTON

(a) Residence: No. 242 S. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
6. HUSBAND of (or) WIFE of H. J. Peyton

7. DATE OF BIRTH (month, day, year) July 24, 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Sarah Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. David Jones
(Address) 242 S. Highland Avenue

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Aug 28 No. 34

UNDERTAKER Chas. T. Trautman
(Address) 1600 W. Mt. Royal Ave

AUG 28 1934 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to August 25, 1934.
I last saw her alive on August 20, 1934. Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma - ampulla of Vater	
2. Obstructive jaundice	
3. Liver abscess	
Other contributory causes of importance:	
1. Chronic myocarditis	
2. Toxaemia	

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Peyton M. D.

(Address) Lord Baltimore Hotel

H. 1268-9

04334 F 04334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 532 Poplar Grove St. St. 20-01 Ward)

of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Maurice Ricket Espey

(a) Residence: No. 532 Poplar Grove St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Feb. 2-1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 015

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME William T. Espey

BIRTHPLACE (city or town) Howard Ct.
(State or country) Maryland

MAIDEN NAME Sarah E. Fisher

BIRTHPLACE (city or town) Howard Ct.
(State or country) Maryland

FORMANT Sarah E. Fisher
Address) 532 Poplar Grove St.

RIAL, CREMATION, OR REMOVAL
Place St. Johns Cem Catonsville Date Aug 30 1934

NDERTAKER Jowell & Bryan
(Address) 2824 Edmondson Ave

LED 8 23 1934 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on Inquiry, 19. Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug. 27 1934

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph L. Carbaugh M. D.
Coroner

(Address) 16 South Broadway

D. B. 1268-9

F 04335

04335 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 So Bethel St., 3-01 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thelma Gordon

(a) Residence: No. 128 So. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Flora A Hunter's
(Address) 128 S. Bethel

BURIAL, CREMATION, OR REMOVAL
Place Laural Grove Date 9/30 1934

UNDERTAKER Lottie Grove
(Address) 1501 E. Oliver

FILED Aug 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1934 to Aug 25 1934

I last saw h[illegible] alive on Aug 22 1934 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Dilatation	1908

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? V Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Edward Fisher M. D.
(Address) 1126 Monument

1934

R 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2336 ✓ 181 ✓ E 04336

Registered No. 93-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. South Baltimore General Hospital St., ... Ward)

of residence in city or town where death occurred 53 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Anna E. Albiker.

a) Residence: No. 1416 Patapsco St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

Male

(If married, widowed, or divorced) HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) October 17, 1880

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	10	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME OF FATHER George R. Albiker.

BIRTHPLACE (city or town) (State or country) Maryland.

MAIDEN NAME OF MOTHER Anna Engelhardt.

BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Mrs. James Bush. (sister)
(Address) 2145 Hollins St.

BURIAL, CREMATION, OR REMOVAL

Place London Park. Date Aug. 29- 34

UNDERTAKER Charles J. Schwabe
(Address) 505 N. Monroe St.

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st, 2nd and 3rd degree burns of face and body. Sock fire from a coal stove. Coronary thrombosis.	

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes. Date of injury 8/16/34

Where did injury occur? 1416 Patapsco St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Sock fire from coal stove.

Nature of injury 1st, 2nd and 3rd degree burns.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

8/27/34 (Signed) Otto M. Reinhardt, M. D.
Coroner

(Address) 1017 E. Charles St.

6

1268-9

F 04337

HEALTH DEPARTMENT—CITY OF BALTIMORE

337

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. Mercy Hospital. St. 76-01 Ward)

of residence in city or town where death occurred 60 yrs. ---mos.---ds. How long in U. S. If of foreign birth 60 yrs. ---mos. ds.

ULL NAME Clement Engel.

a) Residence: No. 3912 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widower

widowed, XXXXXXX
USBAND of Amelia Engel.

E OF BIRTH (month, day, year) January 16, 1851

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	7	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Austria.

NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

MAIDEN NAME Do not know.

BIRTHPLACE (city or town) (State or country) Do not know.

FORMANT Emil L. Engel. (son)

(Address) 3716 Fait Ave.

RIAL, CREMATION OR REMOVAL

Place Oak Lawn Date Aug 29 1934

NDERTAKER Lilly & Zeller Inc

(Address) 1338 Edgewood St.

1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 6.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull. struck and knocked down by an automobile.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury 8/25/34 19

Where did injury occur? Lexington & High St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street

Manner of injury struck & knocked down by automobile.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

8/28/34 (Address) 1017 N. Charles St.

D. B. 1268-9

Fall

F 04338

HEALTH DEPARTMENT—CITY OF BALTIMORE

4338

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 N. Milton ave St., 6-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Fall

(a) Residence: No. 16 N Milton ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph M Fall

6. DATE OF BIRTH (month, day, year) Oct 5-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Krug

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Helen Winterling

(Address) 16 N milton ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 29 1934

UNDERTAKER Lilly + Zeller Inc

(Address) 402 E Lafayette

Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1934 to Aug 26 1934

I last saw her alive on Aug 25 1934 Death is said to have occurred on the date stated above, 5-22 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1 Yr
Other contributory causes of importance: Cerebral Hemorrhage	10 Days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward L Wolf M. D.

(Address) 413 N Broadway

P 1268-9

339

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04339

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 903 S Bouldin St. 26-01 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME John A. Kalbe

(a) Residence: No. 903 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Georgeanna Kalbe

TE OF BIRTH (month, day, year) Apr 25 1855

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	79	4	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Bullo Md

NAME John Kalbe

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Caroline Ritter

BIRTHPLACE (city or town) (State or country) Germany

FORMANT John Kalbe
(Address) 1519 E Chase St

RIAL, CREMATION, OR REMOVAL
Place Oakdawn Date Aug 30 1934

NDERTAKER Robt C & B.M. Walters
(Address) 121 S. Stricker St

8 1934 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Herzog M. D. Coroner

(Address) 1305 N Patterson Park Ave

E 64340

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 164-001

CERTIFICATE OF DEATH

64340

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Fernhill Ave 45 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Selma D. Dorsey

(a) Residence: No. 3811 Fernhill Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry R Dorsey

DATE OF BIRTH (month, day, year): Sept 9-1894

AGE: Years 70 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Maryland

NAME OF FATHER: John R Johnson

BIRTHPLACE (city or town) (State or country): Sweden

MAIDEN NAME OF MOTHER: Augusta Anderson

BIRTHPLACE (city or town) (State or country): Sweden

INFORMANT: Henry R Dorsey

(Address): 3810 Fernhill Ave

BURIAL, CREMATION OR REMOVAL

Place: Druid Ridge Cem Date: Aug 30, 1934

UNDERTAKER: John C Whitehill & Sons

(Address): 1700 Eutaw Place

1934 Aug 30 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said last saw h... alive on ... 19... and that death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of Onset

Asphyxiated by

Illuminating Gas

Cerebral Hemorrhage

Other conditions contributing to death but not related to principal cause:

Name of operation: ... Date of ...

What test confirmed diagnosis: ... autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? 3811 Fernhill Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Luck, M. D. Coroner

(Address) Baltimore

B 1208-9

F 04341

4341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 421

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 15 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Milton S. Kellam

(a) Residence: No. 1319 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Nancy Kellam

TE OF BIRTH (month, day, year) July 4, 1904

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	1	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boot black

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belvedere Country Club

Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

IRTHPLACE (city or town) (State or country) Baltimore

. NAME Daniel Kellam

. BIRTHPLACE (city or town) (State or country) Baltimore

. MAIDEN NAME Ellen Chase

. BIRTHPLACE (city or town) (State or country) Baltimore

NFORMANT Hospital Records

(Address)

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Aug 29, 19 34

NDERTAKER Thos. A. Wilson

(Address) 1000 E. Fayette St.

AUG 29 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1934 to Aug 27, 1934

I last saw him alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute perforated, with generalized peritonitis	8/5/34
Other contributory causes of importance: Hemorrhoids, bleeding (Inferior hypostasis of lungs)	8/22/34
Appendectomy	8/9/34

Name of operation Cutaneotomy Date of operation 8/9/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gist M. D.

(Address) Balto City Hospitals

P 1263-9

F 04342

4342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2306 W. Lexington St. (Ward) 20-01

(a) Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Phillip H Headmond

(a) Residence: No. 2306 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed or divorced: HUSBAND of (or) WIFE of Mary F Headmond

6. DATE OF BIRTH (month, day, year) Oct 4 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Jefferson Headmond

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Susan Simpkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leo A M Headmond

(Address) 2306 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 8/29, 1934

19. UNDERTAKER George Tanking

(Address) 1600 N Fayette

FILED , 19 Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 34

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1931 to 8/26, 1934

I last saw h. alive on 8/26, 1934 Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lip	1931

Other contributory causes of importance:

Metastasis

Cachexia

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Stacy M. D.

(Address) 401 N Eutaw

D. B. 1268-9

E 04343

04343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hospital for the Women of Maryland
CITY OF BALTIMORE: (No. ..... St. 3 (Ward) 15

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Anne Weigel

(a) Residence: No. 3304 Beechurst Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 28 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 13 min.
newborn			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. newborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gds

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Ford P. Weigel
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Nancy Massicot
16. BIRTHPLACE (city or town) (State or country) Westminster, Md.
17. INFORMANT Personal
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Aug 31 1934
19. UNDERTAKER Maria Gavelinat
(Address) 2837 Rayner Ave
20. FILED Aug 28 1934 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9:45 a.m. 8 28 34 19.... to 10:00 a.m. 8 28 34 19.....
I last saw h... alive on 8 28 34 19..... Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) G. Baptista M. D.
(Address) Hospital for Women of Maryland

D. B. 1268-9

F 04344

HEALTH DEPARTMENT—CITY OF BALTIMORE

344

CERTIFICATE OF DEATH

V 131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sinai Hosp. St. 27-21 Ward)

gth of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George Keller

(a) Residence: No. 3910 W. Rogers Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Keller

ATE OF BIRTH (month, day, year) June 9, 1888

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	2	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Shops

8. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) ... (State or country) S. Carolina

13. NAME Edward Keller

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S. Carolina.

INFORMANT Mrs. Lillian Keller

(Address) 3910 W. Rodgers ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 30, 1934

UNDERTAKER Herman Emmer

(Address) 4611 Park Heights

AUG 31 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1934 to 8/27, 1934

I last saw him alive on 8/27, 1934 Death is said to have occurred on the date stated above, at 3.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1933
Arteriosclerosis	-
Uremia	

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul E Carlines, M. D.

(Address) Sinai Hosp

D. B. 1268-9

E 04345

HEALTH DEPARTMENT—CITY OF BALTIMORE

4345

CERTIFICATE OF DEATH

94-001

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 John St St. 14-01 Ward)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 68 yrs. 6 mos. 3 ds.

FULL NAME Anna Maria Ross

(a) Residence: No. 1529 John St St., Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Francis L. Ross

DATE OF BIRTH (month, day, year): about Feb 29 1866

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 68	6	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

8. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

BIRTHPLACE (city or town) (State or country): Philadelphia Penna

13. NAME OF FATHER: Peace B Wilson

14. BIRTHPLACE (city or town) (State or country): unknown South Carolina

15. MAIDEN NAME OF MOTHER: Henrietta Stewart

16. BIRTHPLACE (city or town) (State or country): unknown Penna

INFORMANT: Mr F L Ross (husband)
(Address) 1528 John St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Aug 30 1934

UNDERTAKER: Edwin M Mortuko.
(Address) 1018 W Pratt St

Huntington Williams M.D. Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934 to Aug 28, 1934

I last saw h[illegible] alive on Aug. 28, 1934 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 27-34
Other contributory causes of importance: Angina Pectoris	Aug 27-34

Name of operation: none Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin K. Ballard M. D.

(Address) 1622 Mt Royal Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04346

04346

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred i a hospital or institu tion, give its NAM instead of street an number and fill out No 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2116 E/ Lombard Street St., 1-01 Ward)

2-FULL NAME Joseph H. Rieselman

(a) RESIDENCE NO. 2116 E. Lombard Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rieselman

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R.R.

(c) Name of employer Baltimore Md.

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER Joseph Rieselman

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Anna Lake

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Bernard Rieselman (Son)

(Address) 2116 E. Lombard Street

15 [illegible] 19

37 1934 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq nec (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq nec (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ....yrs. ....mos. ....d

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....d

(Signed) P. J. Peters M.D. M. D.

(Coroner)

, 19 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. d

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus cem Date of Burial Aug 30 19 3

20 UNDERTAKER John M Weber ADDRESS 401 S. Chest

P 1268-9

F 04347

HEALTH DEPARTMENT—CITY OF BALTIMORE

2347

CERTIFICATE OF DEATH

92-001

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Saunders

(a) Residence No. 321 S. Caste St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie

DATE OF BIRTH (month, day, year) June 27, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sarah Sweeney

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records Balt. City Hosp

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Aug 30, 1934

UNDERTAKER John M Weber

(Address) 401 S. Chester St

FILED Aug 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1934 to Aug 26, 1934

I last saw h[illegible] alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 7.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	2 days
Heart Disease, rheumatic & mitral stenosis & auricular fibrillation	2 yrs?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) I Pringle, M. D.

(Address) Balt. City Hosp

F 04348

F 04348

HEALTH DEPARTMENT—CITY OF BALTIMORE

89100

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. x 179

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7-01 Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Walter Leab.

(a) Residence: No. Jonesboro St., ... Ward. Tenn.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/14/1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22.	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & B

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Jonesboro. Tenn.

13. NAME William Leab.

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Sophia Vines.

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson City Tenn. 8/29/34 19

19. UNDERTAKER Basil Ahrens
(Address) 221 N Eutaw

20. FILED ..... 19 ..... By .....
23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 1934 to Aug. 28 1934

I last saw him alive on Aug. 28 1934 Death is said to have occurred on the date stated above, at 7:10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdiaphragmatic abscess staphylococcus aureus	15 days.
Peritonitis, staphylococcus aureus	3 days
Other contributory causes of importance:	
Septicemia, staphylococcus aureus	? 5 days

Name of operation Drainage subdiaphragmatic abscess Date of operation 8-22-34

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Fred W Leib M. D.

(Address) Johns Hopkins Hospital

2-29-28—L. F. S.—500 Bks.

Emanuel E. Tracey

F 04349

04349

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTERED NO. 9-01

OF BALTIMORE: (No. 291 S. Greenmount Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Emanuel Elmer Tracey

RESIDENCE NO. 291 S. Greenmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

Married, widowed, or divorced

(If) HUSBAND of (or) WIFE of Fannie Tracey

DATE OF BIRTH (month, day, and year) July 25, 1869

Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION OF DECEASED

Trade, profession or particular kind of work Retired

General nature of industry, business, or establishment in which employed (or employer)

Name of employer

BIRTHPLACE (city or town) (State or country) Parkton Balto Co. Md.

NAME OF FATHER Thomas Tracy

BIRTHPLACE OF FATHER (city or town) (State or country) Parkton Md

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (city or town) (State or country) Parkton Md

Informant Mrs. Fannie Tracy

(Address) 291 S. Greenmount Ave

Registered ... Recorder

31934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1934

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to Aug 26, 1934.

That I last saw him alive on Aug 26, 1934

and that death occurred, on the date stated above, at 1:25 P.M.

The CAUSE OF DEATH* was as follows:

Toxemia Carcinoma Face

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 2 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe G. Cross M.D.

8-26 1934 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stablersville, Balto. county DATE OF BURIAL Aug. 29, 1934

20 UNDERTAKER E. Leroy Stiffler, Inc. ADDRESS 125 E. North Ave.

F 04350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M F 04350

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital St., 20-01 Ward)

h of residence in city or town where death occurred 40 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME William F. Tarun.

(a) Residence: No. 11 N. Hilton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, ~~WIFE~~ HUSBAND of Amelia S. Tarun.

6. DATE OF BIRTH (month, day, year) October 7, 1893

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
40	10	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10. NAME OF FATHER Louis Tarun.

BIRTHPLACE (city or town) (State or country) Maryland.

12. MAIDEN NAME OF MOTHER Elizabeth Kluth.

BIRTHPLACE (city or town) (State or country) Maryland.

13. INFORMANT Amelia S. Tarun. (wife)
(Address) 11 N. Milton Ave.

14. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 29, 1934

15. UNDERTAKER John F. Henry
(Address) 715 Light St.

16. Filed Aug 29 1934 Registrar

29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10.30 p. m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull. Thrown from a truck by blow out of tire.

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquest Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ? Date of injury 8/25/34 19.....

Where did injury occur? Berndale, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public road.

Manner of injury Thrown from a truck.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

8/23/34 (Address) 1017 N. Charles St.

B 1268-9

F 04351

04351 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 2208 Annapolis Rd Eastport, St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Janet Martha Karopchinsky

(a) Residence: No. 2208 Annapolis Rd, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced

HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Sept. 15-1933

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none - yet

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

. NAME Edward Karopchinsky

. BIRTHPLACE (city or town) (State or country) Baltimore Md

. MAIDEN NAME Stella Borkoski

. BIRTHPLACE (city or town) (State or country) Baltimore Md

FORMANT Edward Karopchinsky

(Address) 2208 Annapolis Rd

URIAL, CREMATION, OR REMOVAL Holy Trinity Cemetery Date Aug. 29, 34

Place

NDERTAKER John Stackhouse

(Address) 423 S. Paca St.

29 1934 Wm. J. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 Death is said

to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pleuro-Pneumonia	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Nelson, M. D.

Coroner

(Address) 16 E. Preston St.

F 04352

04352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Jail St., 6-01 Ward)

th of residence in city or town where death occurred 55 yrs 11 mos 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John A. North

(a) Residence: No. 342 N Milton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	(Single, Married, Widowed, or Divorced (write the word))
Male	white	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Laura Fuller North

TE OF BIRTH (month, day, year) Sept 3 1878

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. vagrant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Anne Arundel Md

. NAME Charles R North

. BIRTHPLACE (city or town) (State or country) Baltimore Md

. MAIDEN NAME Lena Baker

. BIRTHPLACE (city or town) (State or country) Baltimore Md

FORMANT Alice V Bashells

(Address) 3401 Eldora Ave

URIAL, CREMATION, OR REMOVAL

Lawn Cemetery Date Aug 30. 1934

NDERTAKER Chas Ellis & Fullen

(Address) 1306 Hartford ave

9 1934 at Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on June ..... 19.... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James M Fenton, M. D. Coroner

(Address) 700 E Chase St

2-29-28—L. F. S.—500 Bks.

04353 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04353

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (a) No. 1024 Druid Hill Ave 7-01 WARD)

FULL NAME Florence Eleanor Butler

a) RESIDENCE NO. 1024 Druid ST., Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Widow

TE OF BIRTH (month, day, and year) 9/20/93

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	6.	

CUPATION OF DECEASED

) Trade, profession or particular kind of work Domestic

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

THPLACE (city or town) (State or country) Balto Md.

NAME OF FATHER Mack E. Blake

1 BIRTHPLACE OF FATHER (city or town) (State or country) Caplon Md.

2 MAIDEN NAME OF MOTHER Maggie Hebron

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Maggie Blake (mother)

(Address)

29 1934 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 - 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934, to Aug 26, 1934, that I last saw h er alive on Aug 25, 1934 and that death occurred, on the date stated above, at 1 30 A m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 24 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? history of case

(Signed) Edwin K. Ballard, M. D.

Aug 26 19 34 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 8/29/34

20 UNDERTAKER Chas D. Cooper

ADDRESS 5147 Fairmount

Asst. Registrar Wilhelmina, Md.

D. B. 1868-3

04354

✓ F 04354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 13-01 St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Mengoal

(a) Residence: No. 2352 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) Feb 7 - 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME Edwin Mengoal

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mollie Lopes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edwin Mengoal

(Address) Springfield, Mass

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/29/34 19

19. UNDERTAKER Mrs. Roger H. Gollard

(Address) 1631 Druid Hill Ave

8 29 1934 19 Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1934 to August 26, 1934

I last saw h. alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 7 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	8/16

Other contributory causes of importance:

Chr Nephritis	2 mo.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bradshaw Higgins M. D.

(Address) Provident Hospital

P 1268-9

✓ F 04355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
Y OF BALTIMORE: No. W. Balto Hosp St., 9-01 Ward)

th of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Thos A. Rougier

(a) Residence: No. 2111 Homewood Av., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

c. Color or Race: White | d. Single, Married, Widowed, or Divorced (write the word): Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year): Apr 9-1886

E: Years 48 | Months 4 | Days 19 | If LESS than 1 day, ..hrs. or ..min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 608

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country): Baltimore

NAME: Thomas Rougier

BIRTHPLACE (city or town) (State or country): Baltimore

MAIDEN NAME: Mary Cooney

BIRTHPLACE (city or town) (State or country): Ireland

FORMANT: Mrs Rougier Jr.
(Address): 2111 Homewood

URIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Aug 30 1934

NDERTAKER: Wm J. Pickett & Sons
(Address): North & Pennsylvania Aves

AUG 29 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Headache	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Kuck M. D.
Coroner

(Address) Coroner

B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

M F 04356

356

CERTIFICATE OF DEATH

X 210-002

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. Agnes Hospital St. 25-01 Ward)

th of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Isaac H. Clark

(a) Residence: No. Harrington Hotel St., Ward. Washington, D.C.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Ada D. Clark

ATE OF BIRTH (month, day, year) ? ? 1867

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	?	?	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Handover, Massachusetts

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mr. John H. Clark
(Address) Washington, D.C.

URIAL, CREMATION, OR REMOVAL

Place Canton, Ohio Date Aug. 29, 1934

NDERTAKER Wm J Trefsenger & Son
(Address) North & Pa Ave

Williamsport, Md AUG 29 1934
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ungum, 19 . to , 19

I last saw h alive on ungum, , 19 . Death is said to have occurred on the date stated above, at 11.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Cervical Vertebrae	4 weeks
Chronic Nephritis & Uraemia	1 week

Other contributory causes of importance:

Automobile Accident

Supra Pubic Cystotomy Date of ?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 29, 1934

Where did injury occur? Washington Blvd Nr. Waterloo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sokorny Coroner M. D.

(Address) 2200 E Madison St.

F 04358 Louis Smallwood F 04357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Louis Smallwood

(a) Residence: No. 781 W Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 17, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME George Smallwood

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Myrtle Barnes

16. BIRTHPLACE (city or town) Savage
(State or country) Maryland

INFORMANT Records
(Address) Records Office

BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

UNDERTAKER .....
(Address)

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) August 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1934, to August 27, 1934
I last saw him alive on August 27, 1934 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 8-13-34

Other contributory causes of importance:

Diarrhoea — 8-10-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Helen J. Magruder, M. D.

(Address) University Hospital

D. B. 1268-9

LeMar

F 04358

04358

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Springfield Ave. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archibald D. LaMar

(a) Residence: No. 703 Springfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth A. LaMar

DATE OF BIRTH (month, day, year) July 22, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Master 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles W. LaMar

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Eleanor Armstrong

16. BIRTHPLACE (city or town) Texas
(State or country) Maryland

17. INFORMANT Mrs. Ruth A. LaMar

(Address) 703 Springfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Aug. 31, 1934

19. UNDERTAKER Reed & Cook

(Address) 1003 W. Baltimore St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1934, to August 28, 1934

I last saw him alive on August 25, 1934. Death is said to have occurred on the date stated above, at 8.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Acute dilatation of the heart	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. F. Ernsdar M. D.

(Address) 1503 E. North Ave.

D. P. 1268-9

F 04359

F 04359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Balto. General Hospital

CITY OF BALTIMORE: (No. 1213 Light St. St., 12 Ward)

Length of residence in city or town where death occurred 59 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Raymond

(a) Residence, No. 738 E. Lorraine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE Mrs. Leila Raymond

6. DATE OF BIRTH (month, day, year) November 29, 1877 (or 1879)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 59	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) August 1934 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John H. Raymond

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Margaret Burbage

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Minerva D. Hoe daughter

(Address) 738 E. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date August 30 1934

19. UNDERTAKER Lee H. Cook

(Address) 1000 E. Baltimore St.

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934 to August 27 1934

I last saw h alive on August 27, 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	about
Myocardial failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb, M. D.

(Address) South Baltimore Hospital

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04360

04360

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Spring Gardens off N. Md. R. R. Bridge St., Ward)

th of residence in city or town where death occurred 14 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert Thomas.(C)

(a) Residence: No. 877 Linden Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

TE OF BIRTH (month, day, year) February 22, 1920

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	6	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Noble Thomas.(C)

BIRTHPLACE (city or town) (State or country) Charles Co. Md.

MAIDEN NAME Annie R. Butler.(C)

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FORMANT Annie R. Thomas.(mother) C.
(Address) 877 Linden Ave.

URIAL, CREMATION, OR REMOVAL
Pl[illegible] Date 8/30 19 34

NDERTAKER Francis A. [illegible]
(Address) 528 W. Baltimore St.

8 29 1934 19 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Accidental fall from N. Md. R. R. Bridge while crabbing.	
Other contributory causes of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 8/25/34 19...

Where did injury occur? Spring Gardens.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Fell overboard.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

8/29/34 (Address) 1017 E. Charles St. Coroner

D. B. 1268-9

F 04361

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04361

CERTIFICATE OF DEATH

✓ 108

PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 2500 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Stanley Bacinski

(a) Residence: No. St. Mary's Ind. School Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 11 1919

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Joseph Bacinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Millie Dulski

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT John Dulski
(Address) 2417 Orleans St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug 31, 1934

UNDERTAKER Martin V. C. Duffy
(Address) 37 Penna Ave

AUG 29 1934, 19 Huntington Station, N.Y.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1934 to Aug 27, 1934

I last saw him alive on Aug 27, 1934. Death is said to have occurred on the date stated above, at 10:22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-19-34

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Elias W. Johnson M. D.

(Address) 3432 Frederick Ave

B 1268-9

F 04362

362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 727 Grindall Court St. 24-W (Ward)

th of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Hattie Riley.(C)

(a) Residence: No. 727 Grindall Court. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married.

married, widowed, or divorced
(or) WIFE of William Riley.(C)

TE OF BIRTH (month, day, year) Do not know.

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	----	----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Do not know.

. BIRTHPLACE (city or town) (State or country) Do not know.

. MAIDEN NAME Do not know.

. BIRTHPLACE (city or town) (State or country) Do not know.

FORMANT Andrew Moore.(C) son.
(Address) 727 Grindall Court.

URIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Aug 28, 1934

NDERTAKER Walter B Briggs
(Address) 1137 Hamburg St

D 1934 Huntington Ave, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, ~~day~~, year) August 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Abcess.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (specify)

(Signed) Otto M Reinhardt, M. D.

8/29/34 (Address) 1017 N. Charles st. Coroner

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 18363

363

CERTIFICATE OF DEATH

71-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-01 St., 2-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Chase

(a) Residence: No. 1234 Edythea St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Albert Chase

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Aug 25 1934

19. UNDERTAKER
(Address)

20. FILED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1934 to Aug 24 1934

I last saw her alive on Aug 24 1934 Death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sickle cell anemia	2

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 04364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4364 V 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Brown

(a) Residence: No. 1435 11 Mount St.; ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr 1 - 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 4	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 00

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md

13. NAME Clarence Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret King

16. BIRTHPLACE (city or town) (State or country) D. C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place N. Md College Date Aug 20 1934

19. UNDERTAKER
(Address)

1934 Huntington Indiana Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Aug 27 1934
I last saw him alive on Aug 27 1934 Death is said to have occurred on the date stated above, at 6 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia and enteritis	8-23-34
Other contributory causes of importance: Otitis media	8-25-34

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irwin D Schwentker M. D.

(Address) Johns Hopkins Hospital

(Harrison) F 04365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xv 46

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marion Harrison

(a) Residence: No. 620 Radnor Ave St., Ward. St Michaels Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced WIFE (or HUSBAND) of Ezra Harrison

DATE OF BIRTH (month, day, year) April 9, 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	20	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waterman 086

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Talbot County

13. NAME OF FATHER Charles Harrison

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Sarah Bruff

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Earl P Harrison

(Address) 620 Radnor Ave

BURIAL, CREMATION, OR REMOVAL

Place St Michaels Date Aug 31 1934

UNDERTAKER Kenzey & Harrison

(Address) St Michaels Md

Filed 9/1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934 to August 29, 1934

I last saw h alive on August 29, 1934 Death is said to have occurred on the date stated above, at 8:40 A. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Carcinoma of stomach
2. Hemorrhage from carcinoma.
3. Ind anaemia

Other contributory causes of importance:

1. Chronic myocarditis

Name of operation Gastro-enterostomy Date of 8-22-34

What test confirmed diagnosis? Gastroscopy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W W Zameller M. D.

(Address) ST. JOSEPH'S HOSPITAL

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04366

04366

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) Mercy Hospital St., 3-01 Ward)

th of residence in city or town where death occurred 10 yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Daniels

(a) Residence: No. 18 S. Ethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Daniels

TE OF BIRTH (month, day, year) Feb. 24 1896

E Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship yard 074

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

IRTHPLACE (city or town) (State or country) Rocky Mount N. C.

NAME Stephen Daniels

BIRTHPLACE (city or town) (State or country) north Carolina

MAIDEN NAME Jarvis Bynes

BIRTHPLACE (city or town) (State or country) North Carolina

FORMANT Joseph Daniel, (Address) North Carolina

URIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Aug 30 19 34

NDERTAKER Joseph A Pressley

(Address) 40 Bl Monument St

ILED 19 Registrar.

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on Aug 24 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
fracture of skull, thigh	
Pelvis internal injuries	
from large piece ship sheet	
Person falling on him	
12 hrs	

Other contributory causes of importance:

internal hemorrhage 12 hrs

Name of operation Stevedore Date of 8-24-34

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Aug 24 1934

Where did injury occur? Dock Steamship Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Ft unloading

Manner of injury fall on him

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Occupation while work

(Signed) James M Hinton M. D.
Coroner

(Address) 1000 Eutaw

D. P. 1268-9

F 04367

367 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J. Goltman

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced, HUSBAND of (or WIFE of) Isabelle Stickler

DATE OF BIRTH (month, day, year) 10 January 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Goltman

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Gertrude Hartman

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislaus, Supr. (Address) Little Sisters of the Poor. 1200 Valley St. Balto. Md.

BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cemetery Date Aug. 31 1934

UNDERTAKER Henry Heck Sons Inc. (Address) 1301 E. Eager St. Baltimore, Md.

Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 24 August 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934, to Aug 28 1934

I last saw h— alive on Aug 24 1934 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hemiplegia left side	1 mo
Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) L. McCarter M. D.

(Address)

D. B 1268-9

04368

F 04368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Winston ave St. 27-08 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carol Marcus Dawson

(a) Residence: No. 412 Winston ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 17 1929

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nothing do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME James L. Dawson

14. BIRTHPLACE (city or town) Balt Md
(State or country)

15. MAIDEN NAME Elizabeth Rolph

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs E. M. Dawson
(Address) 412 Winston Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 30. 1934

19. UNDERTAKER John C. Mitchell Sons
(Address) 1310 Eutaw Place

20. FILED ... 19 ... Registrar

AUG 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1934 to Aug 27, 1934

I last saw h.... alive on Aug 27, 1934 Death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	Feb 1 1934

Other contributory causes of importance:

Bronchopneumonia	8/25/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Calvin F. Williams M. D.

(Address) Parkville. Md.

D. B. 1268-9

F 04369

HEALTH DEPARTMENT—CITY OF BALTIMORE

1369

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Wilkins Ave St., 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Kohler

(a) Residence: No. 2123 Wilkins Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E. Kohler

DATE OF BIRTH (month, day, year) May 5th 1850

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	3	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Kohler

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Annie Nugent

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs J. Simmesson

(Address) 2123 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 30 1934

19. UNDERTAKER F. D. Wagner & Son

(Address) 1300 Eutaw Place

Aug 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Aug 27 1934

I last saw him alive on Aug 27 1934. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
arteriosclerosis	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Dunkin M. D.

(Address) 2451 Wilkins ave

F. 04370 ✓ F 04370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Eichhorst

(a) Residence: No. 2542 Fleet St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Conrad Eichhorst

DATE OF BIRTH (month, day, year) Dec 20th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Cooper Haines

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amanda (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Conrad Eichhorst
(Address) 2542 Fleet St

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Sept 1st 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1934 to August 29, 1934

I last saw her alive on August 29, 1934 Death is said to have occurred on the date stated above, at 4.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac Hypertrophy and Dilatation	
Cardiac Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel J. Schwartz, M. D.

(Address) Sinai Hospital

F 04371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04371

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 S. Curley St. 1-C Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Frow

(a) Residence: No. 139 S. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Lillie A. Frow

6. DATE OF BIRTH (month, day, year) Oct 12, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Army U.S. Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME OF FATHER John Frow

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME OF MOTHER Eliz J.

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs Lillie A Frow
(Address) 139 S. Curley St

BURIAL, CREMATION, OR REMOVAL

Place National Date Sept 1, 1934

UNDERTAKER John A. Nihan
(Address) 3000 E. Baltimore

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1934 to Aug 29, 1934

I last saw him alive on Aug 29, 1934 Death is said to have occurred on the date stated above, at 5-50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular renal disease	
Apoplexy - Cerebral Hemorrage	1924
Chr Myocarditis	
Myocardial failure	8-29-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Ackermann M. D.

(Address) 842 S. Ean Ave

D. P. 1268-9

F 04372

F 04372 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Tolson

(a) Residence: No. 1344 Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louise (Sep)

6. DATE OF BIRTH (month, day, year) May 10, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME OF MOTHER Rachael Ford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Albany Cemetery Date Aug 31 1934

19. UNDERTAKER Edward Bryant

(Address) 1631 Orleans St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7. 1934 to August 27. 1934

I last saw h alive on Aug 27. 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Cc Congestive Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) ..... M. D.

(Address) Balt. City Hosp.

D. B. 1268-9

F 04373

HEALTH DEPARTMENT—CITY OF BALTIMORE

04373
2894482

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernadette Ulrich

(a) Residence: No. 605 S. Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/12/19

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Md.

12. NAME Bernard Ulrich

13. BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME Bernice Wznakleski

15. BIRTHPLACE (city or town) (State or country) Md

16. INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/30 1934

18. UNDERTAKER John F. Linda
(Address) 234 Hudson St

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1934 to Aug. 29 1934
I last saw her alive on Aug. 29 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Other contributory causes of importance:	
Possible congenital heart	7/12/34
Possible thymic enlargement	7/12/34
Possible bacterial endocarditis	unkn

Name of operation None. Date of .....

What test confirmed diagnosis? Not Confirmed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Woodbridge Eastborne M. D.

(Address) Johns Hopkins Hosp.

34 1551

D. B. 1268-9

✓ F 04374

4374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hall

(a) Residence: No. 2369 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 167

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balt City Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 8-31 1934

UNDERTAKER Daniel Easton
(Address) 96 Pearl

Date 30 1934, 19 Registrar.

Certificate for Witness, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934, to Aug 25, 1934

I last saw h[illegible] alive on August 25, 1934 Death is said to have occurred on the date stated above, at 6 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Nephritis, interstitial	?
Hypertension	?
b Tuberculosis, general	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I D Nagel, M. D.

(Address) Balt City Hosp.

D. P. 1268-9

✓ F 04375

4375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 4-01 St., Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hamilton Moore

(a) Residence: No. 316 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 14 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73 ?	9	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Newburn N. C.

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) N. C

15. MAIDEN NAME Hamilton

16. BIRTHPLACE (city or town) (State or country) Azore Islands

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 8-31 1934

19. UNDERTAKER David Fenton

(Address) 926 Pa ave

20. FILED 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1930 to Aug 26, 1934

I last saw h... alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 1 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis. due to ruptured appendix ?	2 days
Pulm. tuberculosis, old focal ?	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I Phagan M. D.

(Address) Balt. City Hosp.

D. B. 1268-0

04376 E 04376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hill

(a) Residence: No. 455 E. 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nathan Simons

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Julia Hill

16. BIRTHPLACE (city or town) (State or country) Balt. Co. Md

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8-31 1937

19. UNDERTAKER Dennis Eakins
(Address) 516 E. Pratt

Registered AUG 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933 to Aug 28, 1937

I last saw deceased alive on Aug 28, 1937 Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial Insufficiency	1 yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. P. Nagel M. D.

(Address) Balt. City Hosp

D. P. 1268-9

F 04377

04377 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-102

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 N Clintom St St., 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine A High

(a) Residence: No. 522 N Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of: Albert E High

DATE OF BIRTH (month, day, year): March 14 18 70

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John F Stuckert

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Sophia ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Albert E High

(Address): 522 N Clinton

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: Aug 31 1934

19. UNDERTAKER: John Ullrich & Son Inc

(Address): 1 East Oliver

AUG 30 1934 Huntington Building, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933 to Aug 28 1934

I last saw h[illegible] alive on Aug 25 1934. Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis. — Date of onset: Aug 1933

Hypertension

Cardiac Hypertrophy

Other contributory causes of importance:

Cardiac Failure — 4 days

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert S Hill M. D.

(Address) 3126 Harford Rd

D. B. 1268-0

04378 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04378

V108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 Rosebank Ave St., 7-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry Goos

(a) Residence: No. 431 Rosebank Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov 15-1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Food
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Sauter

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Geo Kessler
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Aug 30th 1934

18. UNDERTAKER Leo F Logan
(Address) 1723 N Patterson Park Ave

FILED AUG 30 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 26. 1934 to August 26. 1934.
I last saw h[illegible] M alive on August 25. 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 26 1934

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Suspected Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harold Edmunds, M. D.

(Address) 2746 Adams Ave

D. R. 1268-2

F 04379

F 04379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N Patterson Park Ave St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam G Hartmann

(a) Residence: No. 835 N Patterson Park Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Theresia Hartmann

6. DATE OF BIRTH (month, day, year) Jan 18 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adam Hartmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Hartmann (Son)

(Address) 835 NPatterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Aug 31 1934

19. UNDERTAKER Tobin Peterson

(Address) 1332 E Baltimore

FILED Aug 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1934 to Aug 28 1934

I last saw him alive on Aug 28 1934 Death is said to have occurred on the date stated above, at 4pm m.

The principal cause of death and related causes of importance were as follows:

Incarcerated Hernia — Date of onset 1 day

Other contributory causes of importance:

Acute Cardiac Dilatation — 1 day

Name of operation ... Date of ...

What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J Fred Rawlings M. D.

(Address)

6

04380 F 04380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1512 N Gilmore St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Sample

(a) Residence: No. 229 Cove Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	4 A	Widow

6. If married, widowed, or divorced (or) WIFE of John Sample

DATE OF BIRTH (month, day, year) 8/4/1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	0	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Virginia

13. NAME Dennis Hack

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Virginia

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Houston Texas

17. INFORMANT Fannie Sample (Deceased)

(Address) 229 Cove Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Aug 31, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3221 E. Biddle St

FILED Aug 31 1934 Mrs. Katie R. Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/24 1934 to 8/28 1934

I last saw h.er alive on 8/28 1934. Death is said to have occurred on the date stated above, at 10.57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	3 wks
Auricular Fibrillation	2 wks
Myocarditis	
Nephritis	
Other contributory causes of importance:	
Hypertension	2 yrs
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

F 04381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04381

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Leffler

(a) Residence: No. 1007 Bridcoe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Leffler

DATE OF BIRTH (month, day, year) Sept 30 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Dauman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Charles H. Leffler

(Address) 1007 Bridcoe St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Aug 31 1934

UNDERTAKER Geo. Wm. John H. Feibel & Son

(Address) 501 W Fayette St

Aug 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934 to Aug 28 1934

I last saw her alive on Aug 28 1934 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 8/13/34

Other contributory causes of importance:

Diabetes
Carbuncles.

Name of operation Excision of Carbuncle Date of 8/16/34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton R. Utley M. D.

(Address) 1213 Light St.

F 04382

M. D. B. 1268-9

04382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 18-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl Waters

(a) Residence: No. 206 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 1-4

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Mr Pearl Mr Pearl

14. BIRTHPLACE (city or town) Mr Pearl
(State or country)

15. MAIDEN NAME Louisa Monk

16. BIRTHPLACE (city or town) Mr Pearl
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Aug 30, 1934

19. UNDERTAKER
(Address)

Huntington Williams
Embalmer.

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-23-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-21-34, 19 to 8-23-34, 19

I last saw him alive on 8-23-34, 19 Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributary causes of importance:

Not Determined

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) William Leal Rogers M. D.

(Address) Provident Hospital

D. B. 1268-9

F 04383

04383 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Homewood Ave 10-01 Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Williams Sr

(a) Residence: No. 1116 Homewood ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

6. If married, widowed, or divorced
WIFE of (or) HUSBAND of Mary Williams

DATE OF BIRTH (month, day, year) May 15-1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75 85	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Mathew Williams

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Sinnott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Richard Williams Jr
(Address) 1116 Homewood

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsi Brae Date Sept 1 19 34

19. UNDERTAKER Rita Wiedefeld
(Address) 911 Greenmount

D 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1934 to Aug 29 1934

I last saw h... alive on Aug 29 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	8/27/34
Thrombosis Right Popliteal Artery	8/27/34
Chr. Myocarditis	2

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
Kind — If so, specify ...

(Signed) William R. Speight M. D.

(Address) 225 St Paul Bld

F 04384

P 1268-9

4384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 16-01 (Ward)

th of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Isabella Graeton

(a) Residence: No. 713 N Calhoun St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of 2

ATE OF BIRTH (month, day, year) Unknown

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 26			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Ohio

3. NAME Unknown

4. BIRTHPLACE (city or town) (State or country) Unknown

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Husband 713 (Address) 713 Calhoun Stret

URIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 8/30 193

NDERTAKER Jos. F. Locke Jr (Address) 1132 Jefferson St

Registrar.

UED 1234

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 193

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Brain	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J J Sterzy M.D. M. D.

(Address) 1306 N Patterson Park Coroner

D. P. 1268-9

F 04385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. E. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Beatty

(a) Residence: No. 9 So. Castle St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan. 19 - 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	7	23 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Beatty

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Irene Snyder

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 1934

UNDERTAKER Martin H. C. Diffenderffer

(Address) 37 S. Ann St.

Aug 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-30-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-26-1934 to 8-30-1934

I last saw him alive on 8-30-1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, Bacillary	8-5-34
Other contributory causes of importance:	
Otitis media	8-27-34

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irene D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

F 04386

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Huber

(a) Residence: No. 3738 Bank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 4-28-34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (M.D.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

13. NAME William Huber

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Cushing

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept. 1934

UNDERTAKER Mathias E. Diffel Inc

(Address) 32 S Ann St.

AUG 30 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1934 to Aug 29 1934

I last saw him alive on Aug 29 1934. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes and enteritis	8-22-34

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dennis D. Schwentker M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

F 04387

)4387 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 506 No. Pearl St. St. 17-01 Ward)

gth of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

FULL NAME John A. Jackson

(a) Residence: No. 506 No. Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

ATE OF BIRTH (month, day, year): Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
out	49			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

9. BIRTHPLACE (city or town) (State or country): Virginia

10. NAME: Unknown

11. BIRTHPLACE (city or town) (State or country): Unknown

12. MAIDEN NAME: Unknown

13. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Mary Payne

(Address): 1302 Penna. Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem. Date: August 31 1934

UNDERTAKER: Adolphus Halstead

(Address): 95 Druid Hill Ave

AUG 31 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug 28 1934
Other contributory causes of importance:	
Non specific Arteriosclerosis	

Name of operation: Date of:

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Johnston M. D. Coroner

(Address) 16 South Broadway

F 04388

F 04388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8/31

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. John (Edith) Whitridge

(a) Residence: No. 710 Wyndhurst Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Whitridge

DATE OF BIRTH (month, day, year) Feb. 29, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Lloyd L. Jackson

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Annie Latta

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Husband

(Address) 710 Wyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 8/31 1934

19. UNDERTAKER J. Wyvill Lowndes

(Address) 1 East Eager St

FILED AUG 31 1934 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934 to Aug 31, 1934

I last saw her alive on Aug 30, 1934 Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5-34
Other contributory causes of importance:	
Hypertension	1918

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles V. Bailey Jr. M. D.

(Address) Union Memorial Hosp.

F 04389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-C Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Smith

(a) Residence: No. 529 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Matilda (dead)

6. DATE OF BIRTH (month, day, year) Nov. 29, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 962

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Edward L.

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME OF MOTHER Sarah Meade

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Friend
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 1, 1934

UNDERTAKER Lew McCully
(Address) 1118 E Pratt St

FILED Sept 1 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to August 29, 1934 that saw h[illegible] alive on August 29, 1934 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	?
Myocardial Insufficiency	6 mo
& Congestive Failure	

Other contributory causes of importance:

	Nov

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

O. F. 1268-9

F 04390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04390

CERTIFICATE OF DEATH

163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 13-cl Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Bessie Gennack

(a) Residence: No. 2003 Bolton St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 15 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	5	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto City Md

10. NAME Frank Gennack

11. BIRTHPLACE (city or town) (State or country) Balto City Md

12. MAIDEN NAME Mary Renner

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. INFORMANT William J Gennack

(Address) 2003 Bolton St

15. BURIAL, CREMATION, OR REMOVAL

Place Mt. Mary's Cem. Date August 31, 1934

16. UNDERTAKER Fred. G. Hauver & Son

(Address) 703 N. Howard St.

17. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbolic Acid Poisoning	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 8/28, 19 34

Where did injury occur? 2003 Bolton St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed Carbolic Acid

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) B. Steiner M. D.

Coroner

(Address) 1305 N Eutaw St

F 04391

F 04391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy H. Corbin

(a) Residence: No. 915 N. Arlington ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of / WIFE of Mamie Corbin

6. DATE OF BIRTH (month, day, year) Feb. 27, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 070

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Willis Corbin

13. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elizabeth Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 9/1/34 19

18. UNDERTAKER Mrs. George R. Holland

(Address) 1631 Druid Hill Ave

Registrar

AUG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29 34

22. I HEREBY CERTIFY, That I attended deceased from July 16 34 to August 29 34

I last saw him alive on August 29 19 34 Death is said to have occurred on the date stated above. 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

F 04392

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04392

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. St., 26-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil John Matta (Maatta)

(a) Residence: No. 6704 German Hill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Matta (Maatta)

7. DATE OF BIRTH (month, day, year) Nov. 18, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Finland

13. NAME John Matta

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Sarah Krcku

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem., Date Aug 31, 1934

19. UNDERTAKER H. Lauder Sons Inc
(Address) 1204 East [illegible]

Aug 31 1934 Huntington West Virginia
(Date of burial) (Place of burial)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 6 1934 to August 28 1934

I last saw him alive on August 28, 1934 Death is said to have occurred on the date stated above, 12.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

E 04393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04393

CERTIFICATE OF DEATH

115-001

Registered No. 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Saari

(a) Residence: No. 511 S. Savage St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Arne Saari

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) Date 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) about Pennsylvania (town (?))

13. NAME Henry Anderson

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Eva Tiilikainen

16. BIRTHPLACE (city or town) (State or country) Finland

INFORMANT (Address) Balto City Hospt Records

BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Date Sept 1, 1934

UNDERTAKER (Address) H. Snyder Sons Inc 1210 Pleasant St

FILED 19 Registrar.

~~1934 Number for Certificate, Etc.~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1934 to 8-29, 1934

I last saw h[illegible] alive on 8-29, 1934 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage following Tonsillectomy	8-27-34
Bilateral Broncho pneumonia	8-27

Other contributory causes of importance:

Name of operation Tonsillectomy Date of 8-27-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel R. Trout M.D.

(Address) Balto City Hospt

D. P. 1268-9

F 04394

04394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Oliver

(a) Residence: No. 638 Greenmeadow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna R Oliver

7. DATE OF BIRTH (month, day, year) March 27, 1870

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Louis B. Oliver

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Margaret Russell

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Friends

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date Sept 3 1934

UNDERTAKER Samuel N. Chase Sons

(Address) 638 N Gilmor

FILED AUG 31 1934 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1934 to Aug. 30 1934

I last saw h[illegible] alive on Aug 30 1934 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial	7 wks ?
Uremia	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phaneuf M. D.

(Address) Balt. City Hosp.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04395

F 04395

CERTIFICATE OF DEATH

131

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 Myrtle ave 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olivia C Butler

(a) RESIDENCE NO. 1125 Myrtle ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Butler

DATE OF BIRTH (month, day, and year): 1880

AGE: 53-54 Years Months Days

IF LESS than 1 day hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Hartford Co Md

10 NAME OF FATHER: Matthew Evans

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Hartford Co Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Hartford Co Md

Informant: Ella Simpson

(Address): 1125 Myrtle ave

FILED 8 31 1934 19 Huntington Wm

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-30 1934

17 I HEREBY CERTIFY, That I attended deceased from 8-15-34 19 to 8-30 1934

that I last saw h[illegible] alive on 8-28 1934

and that death occurred, on the date stated above, at 6.39 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

about (duration) 0 yrs. 2 mos. ds.

CONTRIBUTORY Chronic nephritis

(Secondary)

about (duration) 0 yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) W. Atwell Jones M. D.

19 (Address) 123 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

Date of Burial: Sept 3 1934

20 UNDERTAKER: Samuel N. Base

ADDRESS: 638 N Gilmor

H. D. F. 1268-9

F 04396

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04396

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Gilmor St., 16-01 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellen Palmer

(a) Residence: No. 1027 Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Palmer

DATE OF BIRTH (month, day, year) Feb ? 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home work

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Hampton Co. Virginia

13. NAME Wm. Bisco

14. BIRTHPLACE (city or town) (State or country) Northampton Va.

15. MAIDEN NAME Louisa Robins

16. BIRTHPLACE (city or town) (State or country) North Hampton Co. Va.

INFORMANT Mrs Florida Fazin

(Address) 938 N. Gilmor St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 31 1934

UNDERTAKER Samuel V. Cruse Jr.

(Address) 1535 N. Gilmor St.

Attention for Williams

AUG 31 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1934 to 8-28-1934

I last saw her alive on 8-17-1934. Death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset Unknown

Other contributory causes of importance:

Insufficiency — Date of onset Unknown

Name of operation None — Date of ...

What test confirmed diagnosis? Physical diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Harry H. Saunders, M. D.

(Address) 10 E. Lexington St.

D. B. 1268-3

4397

F 04397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of President St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis Carr

(a) Residence: No. 12 W Hill St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Carr

6. DATE OF BIRTH (month, day, year) 1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
53	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Carr

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Linda Warnick

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sarah Carr

(Address) 12 W. Hill st.

BURIAL, CREMATION, OR REMOVAL

Place Washington Rd Date Aug 31 1934

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore st

FILED Aug 31 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	
Probable Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Aug 30 1934

Where did injury occur? Foot of President St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Park

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. Herzog M. D.
Coroner

(Address) 1305 N Patterson Pk

D. B 1268-9

F 04398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04398

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 No. Fremont St. St. 15-01 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Thomas Woods

(a) Residence: No. 1322 No. Fremont St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Erma Woods

DATE OF BIRTH (month, day, year) Dec. 8-1893.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	8	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton 070

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME OF FATHER Christopher Woods

13. BIRTHPLACE (city or town) (State or country) Virginia

14. MAIDEN NAME OF MOTHER Unknown

15. BIRTHPLACE (city or town) (State or country) Virginia

16. INFORMANT Mrs. Erma Woods

(Address) 1322 No. Fremont St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 2 1934

18. UNDERTAKER Thomas E. Nelson

(Address) 1323 Pressman st

19. FILED Sept 1 1934 Huntington Millmore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 3.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 27-34

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph L Volkmann M. D.
Coroner

(Address) 16 South Broadway

F 04399

F 04399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Northway Drive St. 27-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances S. Norris

(a) Residence: No. 3005 Northway Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Norris

DATE OF BIRTH (month, day, year) Nov 16 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11 9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co
(State or country) Maryland

13. NAME James Wiley

14. BIRTHPLACE (city or town) Harford Co
(State or country) Md

15. MAIDEN NAME Mary Payne

16. BIRTHPLACE (city or town) Harford Co
(State or country) Md

17. INFORMANT Charles M Norris

(Address) 3005 Northway Drive

18. BURIAL, CREMATION, OR REMOVAL Lauch
Place Mt Olivet Cem Date Sept 3 1934

19. UNDERTAKER Chas. S. Black

(Address) 712 W. North ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Aug 30, 1934

I last saw h... alive on Aug 30, 1934 Death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Goitre Carcinoma	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. W. Foley M. D.

(Address) 5703 Harford Rd

M. D. No. 1268 F 04400 F 04400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Druid Hill Ave Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Steven Johnson

(a) Residence: No. 1129 Druid Hill ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Feb 2 1894

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C P

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Walter Johnson

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Watson

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mary Haskins
(Address) 2211 Penna ave.

18. BURIAL, CREMATION, OR REMOVAL: Auburn Cem Date 9/1 1934

19. UNDERTAKER: Frances A. Hensley
(Address) 578 Robb St

20. FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/16 1934 to 8/28 1934

I last saw him alive on 8/25 1934 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	8/28
Contributory causes of importance: Contusion	8/16/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. B. Huerkamp M. D.

(Address) 912 Eutaw St

M. D. P. 1268-9

04401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04401

CERTIFICATE OF DEATH

9

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 Hampden Ave. 13-61 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cleveland L. Bateman Jr

(a) Residence: No. 2614 Hampden Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

7. DATE OF BIRTH (month, day, year): May 17, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md.

13. NAME Cleveland L. Bateman

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME Cecilia Morgan

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT Cleveland L. Bateman
(Address) 2614 Hampden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olive Hampden Date Sept 1, 1933

19. UNDERTAKER Edmondson Hood
(Address) 3607 Eastern Ave

Huntington Millspaugh, Jr.
Registrar.

20. FILED 9-1-33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/33

22. I HEREBY CERTIFY, That I attended deceased from 8/30/33, 19..., to 8/31/33, 19...

I last saw him alive on 8/30/33. Death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Aug 25/33 1 Duk

Other contributory causes of importance:

Whooping Cough	July 10/33 7

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer Burke, M. D.

(Address) 532 E 33rd St

M. D. R. 1268-9

F 04402

04402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Kenyon Ave, 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin S. Milton

(a) Residence: No. 3012 Kenyon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle L. Milton

7. DATE OF BIRTH (month, day, year) May 14 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henley Milton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Matilda Sparks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Estelle L. Milton

(Address) 3012 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. National Date Sept 1 1934

19. UNDERTAKER Philip Henry Sons

(Address) 2416 Pennsylvania Ave

1934 Huntington Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1934

22. I HEREBY CERTIFY, That I attended deceased from August 23 1934 to Aug 29 1934

I last saw him alive on Aug 29 1934 Death is said to have occurred on the date stated above, at 11 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Cardiac hypertrophy	

Other contributory causes of importance:

Arteriosclerosis
Chronic interstitial nephritis

Name of operation Cardiac Puncture Was there an autopsy?

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Anderson M. D.

(Address) 3001 Shannon Drive

F 04403

S. D. P. 1268-9

8935-7

84403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Bryant

(a) Residence: No. 1610 Harlem St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eugene

DATE OF BIRTH (month, day, year) 3/9/1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Alice Scott

14. BIRTHPLACE (city or town) (State or country) Va -

15. MAIDEN NAME Bessie Matthews

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date 9/2/34 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave

FILED 1334 Attending Physician's Office

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934 to Aug 30, 1934

I last saw her alive on Aug 30, 1934. Death is said to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascending myelo-encephalitis, acute	Aug 1934
Central nervous system syphilis	?
Other contributory causes of importance: Bronchopneumonia	Aug 25, '34

Name of operation not confirmed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry D. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

M. D. B. 1268-9

F 04404

04404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hospital St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Homer Slaughter

(a) Residence: No. 219 S. Scott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 28. 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Boxes
10. Date deceased last worked at this occupation (month and year) Aug 1934 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Adopted Slaughter

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Rosa Foster

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Mary Lichfield

(Address) 219 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 3 1934

19. UNDERTAKER B. S. Poole Sons

(Address) 1000 S. Paca St

Huntington Williams, M.D.

Registrar

FILED 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-25-34 . 19 . to 8-31-34 . 19

I last saw h[illegible] alive on 8-31-34 . 19 . Death is said to have occurred on the date stated above, at 5 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Subarachnoid Hemorrhage	

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. L. Howard M. D.

(Address) Univ. Hospital Balto. Md.

F. D. B. 1268-9

F 04405

04405 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph L. Mason

(a) Residence: No. 633 E. 34th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary M. Mason

DATE OF BIRTH (month, day, year) May 26, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Randolph L. Mason

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Augusta Simmons

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept. 3, 1934

19. UNDERTAKER H. C. Ecker & Son

(Address) Rose & Pine Sts.

Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1934 to Aug. 30, 1934

I last saw him alive on Aug. 30, 1934. Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Cholecystitis with Cholelithiasis	8-26-34

Other contributory causes of importance:

Name of operation Cholecystotomy Date of 8-30-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address) 1104 Cathedral St.

D. B. 1268-9

F 04406

04406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. 21-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 South Paca St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Lena Rachael Wyble

(a) Residence: No. 1103 South Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Walter H. Wyble

DATE OF BIRTH (month, day, year) About 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) New York State

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. W. H. Wyble

(Address) 1103 S. Paca Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 3 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible]

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1934 to Aug 30 1934

I last saw h e alive on Aug 29 1934 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis

Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph J. Hurtt M. D.

(Address) 3419 Reisterstown Rd.

H. D. F 1268-9

04407 F 04407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Castle St., 2-C Ward)

Length of residence in city or town where death occurred 35 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George William Block

(a) Residence: No. 115 S. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 22, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hahn Bakery

10. Date deceased last worked at this occupation (month and year) 4 mo

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Block

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Katherine Michael

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept 1, 1934

19. UNDERTAKER C. Howard Evans
(Address) 22 E. Lafayette
Huntington Preparation, Md

FILED SEP 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Aug 29, 1934

I last saw him alive on Aug. 29, 1934 Death is said to have occurred on the date stated above, at 2.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	May 1934
Mitral Stenosis or Insufficiency	"
Chronic Myocarditis	"
Other contributory causes of importance:	
Myocardial Failure	Aug 29, 1934

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Allen Deckert M. D.

(Address) 1123 St Paul Street

M. D. B. 1268-9

E 04408

HEALTH DEPARTMENT—CITY OF BALTIMORE

04408

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb) — Registered No.

CITY OF BALTIMORE: (No. ... St., 5-a1 (Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norbert Hoen

(a) Residence: No. 154 N. Gay st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine

DATE OF BIRTH (month, day, year) June 6, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Hoen

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jennie Terry

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemy Date Sept 1, 19 34

19. UNDERTAKER H. Thomas & Son
(Address) 805 N Eutaw St

1 1934 Hunting for Williams, Md
6 Sept 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 34

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to August 30, 1934.

I last saw him alive on August 30, 1934. Death is said to have occurred on the date stated above, at 8.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Meyer W. Jacobson, M. D.
(Address) Baltimore City Hospitals

. D. F. 1268-9

F 04409

HEALTH DEPARTMENT—CITY OF BALTIMORE

04409

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 28 E. Randall St. St. 23-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Kirby.

(a) Residence: No. 28 E. Randall St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If ~~married~~ widowed, or ~~XXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Mary E. Kirby.

DATE OF BIRTH (month, day, year) May 1, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George S. Kirby.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Priscilla Tucker.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Lillian Myers. (daughter)

(Address) 28 E. Randall St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 1st 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams

FILED 8/29/34

1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Steinhardt, M. D. Coroner

(Address) 1017 E. Charles st.

M. D. P. 1268-9

E 04410

04410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Kirkner

(a) Residence: No. 326 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Helen Kirkner

7. DATE OF BIRTH (month, day, year) Nov 18, 190x

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Edw. Kirkner

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Margaret Fox

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Helen Kirkner
(Address) 326 N. Robinson

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept. 1 1934

19. UNDERTAKER Stephen J. Fialkowski Inc
(Address) 1060 S. Kenwood Ave

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16th 1934 to Aug 29th 1934

I last saw him alive on Aug 29th 1934. Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1932
Other contributory causes of importance: Ruptured Carcinoma of stomach	8-17-34
Generalized Carcinomatosis	

Name of operation Laparotomy Date of 8-17-34

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel R Robinson M. D.

(Address) Mercy Hosp

F 04411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04411

94-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3602 Reisterstown St. (Ward) 24th

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella M. Bartley

(a) Residence: No. 3601 Reisterstown St., ... Ward. ...

(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

If married, widowed or divorced (or) WIFE of Walter S. Bartley

DATE OF BIRTH (month, day, and year) December 27 - 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Carroll County Md

13. NAME OF FATHER David Brummel

14. BIRTHPLACE (city or town) (State or country) Carroll Ct

15. MAIDEN NAME Lubrecht

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

INFORMANT Walter S Bartley

(Address) 3602 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL

Place Hampstead Md Date Sept 1st 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19 ... Registrar

I - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Thrombosis	Aug 30-34
Cerebral Hemorrhage	Aug 24-34

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation Autopsy Aug 31-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If specify ...

(Signed) John L. Volmer M. D.

Coroner

Address 16 So Arlington

F 04412 ✓ F 04412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 40 yrs St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William (Patrick) Meyers

(a) Residence: No. 327 S. Gilmor st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 4, 1878

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William K. Meyers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Busch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Augustine Cor Date Sept 3rd 1934

19. UNDERTAKER A. Jones
(Address) 111 S. Gilmor st

20. FILED 9-1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1934 to August 30, 1934

I last saw him alive on August 30, 1934 Death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospital

M. D. B. 1268-9

F 04413

F 04413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 N. Bruce St., 15-21 Ward)

Length of residence in city or town where death occurred ...yrs. 6 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Irene J. Francis

(a) Residence: No. 1303 N. Bruce St., Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Mahell

6. DATE OF BIRTH (month, day, year) Jan. 2nd 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
35 yrs.	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Island Canada

13. NAME Clarence Francis

14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

15. MAIDEN NAME Irene Carey

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs. Thomas Francis

(Address) 1303 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL Date Sept. 3rd 1934

Place Catonsville Md.

19. UNDERTAKER Eugene Slater

(Address) 310 N. Paca St.

20. FILED 1934 Sept. 4 Mortuary Permit No. 0 1 4 4 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31st. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27. 1934 to Aug. 31st. 1934

I last saw h... alive on Aug. 31st. 1934 Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Lobar Pneumonia	8/23/34
b. 1 day Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Bruce Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. A. Ober (Catonsville) (M. D.

(Address) 1303 N. Bruce St.

M. D. B. 12-1922

F 04414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04414

CERTIFICATE OF DEATH

194-002

1. PLACE OF DEATH Madison Square

CITY OF BALTIMORE: (No. Corner Caroline St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman M. Eller

(a) Residence: No. 1316 Aiken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Helen E. Baker

7. DATE OF BIRTH (month, day, year) Aug 1, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 029

10. Date deceased last worked at this occupation (month and year) Aug 30

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Conrad Eller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Fuhs

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wife Helen E. Eller

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept. 3 1934

19. UNDERTAKER Turner J. Gladden

(Address) 724 E. Oregon St.

FILED Sept 4 1934, 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Spine & Internal Abdominal Injuries	8/30/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/30/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public City Park-Madison Square

Manner of injury While cutting wire at top of electric light pole it snapped at base and fell on him.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John F. Ballen, M. D.
Coroner

(Address) 108 E. Fort Ave.

F 04415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04415

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Rockhold

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Isaac Rockhold

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie C. Kurtz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Ebenezer Sept 2 34
Place Date

19. UNDERTAKER Geo. W. Kurtz & Son Jarrettsville Md.
(Address)

20. FILED Sept 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to August 30, 1934

I last saw he alive on Aug 30, 1934 Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Emphysema	?
Myocardial Insufficiency	4 yrs

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. P. Mogel, M. D.

(Address) Balt City Hosp

M. D. P. 1208-9

F 04416

F 04416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 E. Monument St. 10-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellis Thomas

(a) Residence: No. 1012 E Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Thomas

6. DATE OF BIRTH (month, day, year): 1889

7. AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary Scherer

(Address) 1012 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place: Asbury Cem Date: Sept. 1 st. 1934

19. UNDERTAKER: Brown Thomas & Wright

(Address) 1218 McElderry St

Filed: Aug 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to July 31, 1934

I last saw ... alive on July 30, 1934 Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Duration about July 23 1934

Pneumonia

Other contributory causes of importance:

Name of operation: Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. S. Allen M. D.

(Address) 507 Cumberland St

F 04417

F 04417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Shaw

(a) Residence: No. 1411 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ike (dep)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Steven Heney

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Lucy Williams

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Friend
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 9-1- 1934

19. UNDERTAKER Bryson & Jamieson & Wright
(Address) 1218 Mc Elderry St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934, to Aug 30, 1934

I last saw her alive on Aug 30, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Spinal Cord Tumor (Neurofibroma ?)	?
Other contributory causes of importance:	new

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Magill M. D.

(Address) Balt City Hosp

L. D. F. 1268-9

F 04418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04418

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josepeh Hospital St., 8 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles T. Marriner

(a) Residence: No. 1718 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 25/21

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne Co Md.

13. NAME Clayton T. Marriner

14. BIRTHPLACE (city or town) (State or country) Pricess Anne Co Md

15. MAIDEN NAME Rachel McCubbin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Clayton T. Marriner
(Address) 1718 E. Prseton St

18. BURIAL, CREMATION, OR REMOVAL Wed 9/3 1934
Place Terry Hawkins

19. UNDERTAKER Wm C Fox
(Address) 1217 E Fort Ave

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Other contributory causes of importance:	
Ruptured Appendix	
	10/10/34

Name of operation Laparotomy for Drainage Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address)

M. D. B. 12-9 F 04419 ✓ F 04419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH University Hospital — 25-01 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Hamm.

(a) Residence: No. 214 Hanbury St., Brooklyn Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie B Hamm

7. DATE OF BIRTH (month, day, year) July 28-1875

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 yr.	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John C Mund

10. Date deceased last worked at this occupation (month and year) 1932 | 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Conrad Hamm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lisa Luttgerodt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Maria Hamm
(Address) 214 Hanbury St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9-4 1934

19. UNDERTAKER Wm Cahn
(Address) 1216 E Fayette St

20. FILED 9-4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-25-34 to 8-31-34

I last saw him alive on 8-31 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrosarcoma	March 33
Uremia	8-28-34

Other contributory causes of importance:

Hit by baseball in left thigh	8-10-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Fleming M. D.

(Address) University Hospital.

M. D. B. 1265-2

F 04420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04420

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore General Hospital St. 16 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Angelo Wilson

(a) Residence: No. Lodge Forest, Balto Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24 - 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hofferberg Ice Co.

10. Date deceased last worked at this occupation (month and year) 8/34

11. Total time (years) spent in this occupation 0 4 0

12. BIRTHPLACE (city or town) (State or country) Cherry Run W. Va.

13. NAME Todd Wilson

14. BIRTHPLACE (city or town) (State or country) Cherry Run W. Va.

15. MAIDEN NAME Margie Martin

16. BIRTHPLACE (city or town) (State or country) Cherry Run W. Va.

17. INFORMANT Father
(Address) Lodge Forest Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Reactortown, W. Va. Date Sept. 1. 1934

19. UNDERTAKER Fred G. Connelly
(Address) Baltimore, Md.

FILED SEP 1 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ugw . 19 . to . 19
I last saw h alive on ugw 3:00 P m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/29 1934

Where did injury occur? Baltimore Rd + Tin Plate Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

H. D. P 1268-9

✓ F 04421

04421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-21 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ? yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Soini

(a) Residence: No. 6704 Germantill Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced BUSBAND of (or) WIFE of Charles Soini

7. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Finland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Sept. 1, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. J. Sander
(Address) Baltimore & Broadway.

20. FILED 9-1-1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 345P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. J. Herzog M.D. Coroner, M. D.

(Address) 1305 N. Patterson Park Ave.

M. D. B. 1262-9

0440 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04422

34

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 20th-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phyllis Matthews

(a) Residence: No. 823 So Shug St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) Aug 18-1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Newport N.J.

13. NAME Ernest Douglas

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Alice Matthews

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Alice Matthews

(Address) 823 So Shug St

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Aug 31 1932

UNDERTAKER Frazier Springs

(Address) 1392 Pennsylvania Ave

FILED SEP 1 - 1932

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Pressure, Fatty Degeneration	Aug 31-32

Other contributory causes of importance:

Operation Urgent Aug 31-32

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Valentine D. M. D. Coroner

(Address) 11 So Monroe

M. D. R. 1206-2

F 04423 ✓ F 04423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W. University Pkwy St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

83 6 29

2. FULL NAME Harry Smull Focke

(a) Residence: No. 106 W. University Pkwy Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alice Cox Focke

6. DATE OF BIRTH (month, day, year): Feb-1-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Massillon Ohio

FATHER

13. NAME: Edward Lewis Focke

14. BIRTHPLACE (city or town) (State or country): ? ? United States

MOTHER

15. MAIDEN NAME: Elizabeth Luca Smull

16. BIRTHPLACE (city or town) (State or country): ? ? United States

17. INFORMANT: Mr. Rowland Folke

(Address): York, Penna.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem. Date: Sept 1/34 19

19. UNDERTAKER: Stuart & Mowen Company

(Address): 108 North Avenue

20. FILED: 1934 Registrar. Aug. 31 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1924 to Aug 30 1934

I last saw h.l.v. alive on Aug 31 1934 Death is said to have occurred on the date stated above, at 12 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Other contributory causes of importance: Pneumonia Terminal	Aug 27, 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Horace C. Clarke, M. D.

(Address) Med. Arts Bldg

M. D. B. 1268-9

F 04424

F 04424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 27-8 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph O' Hara

(a) Residence: No. 512 Oakland Govans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella McDonnell

6. DATE OF BIRTH (month, day, year) Jan. 26 - 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer s.d.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Rodger O Hara

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McGreavy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ella C. O'Hara

(Address) 512 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Helens cem. Date 8 4 1934

19. UNDERTAKER John J Coveny & Son

(Address) 30 Collins St

20. FILED Huntington Williams 8-4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 . 1934 to Aug. 31 . 1934

I last saw h. alive on Aug 31, . 1934 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	
Myocardial insufficiency	
Auricular Fibrillation	

Other contributory causes of importance:

Arteriosclerosis - Generalized	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Conley, Jr. M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-8

F 04425

F 04425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. ..... Ward) Incl

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Helzenbach

(a) Residence: No. 105 N. Hale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John Helzenbach

6b. DATE OF BIRTH (month, day, year) March 14/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	5	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

10a. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frank Helzenbach

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John Helzenbach

(Address) 105 N. Hale St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 3 1934

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 1403 W. Fayette St.

FP 1 - 1934

I ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 6

21. DATE OF DEATH (month, day, year) Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19... I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia. Cerebral Hemorrhage	
	Sudden

Other contributory causes of importance:

arterial hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Solberg M.D. M. D.

(Address) 1305 N Patterson Park Ave

M. H. R. 1934 F 04426

F 04426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N Durham St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George B Hart

(a) Residence: No. 24 N Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hart

6. DATE OF BIRTH (month, day, year): Nov 26 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Press Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jr Brewing Co

10. Date deceased last worked at this occupation (month and year): June 6 1933

11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George Hart

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lindower

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary Hart

(Address) 124 N Durham

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 3 1934

19. UNDERTAKER: Fitzpatrick Funeral Home

(Address) 403 E Fayette St.

20. FILED ..... 19..... Registrar.

SEP 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to Aug 31, 1934

I last saw h... alive on Aug 31, 1934 Death is said to have occurred on the date stated above, 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	14 mos

Other contributory causes of importance:

Coronary Sclerosis	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward F Bort M. D.

(Address) 4 E Woodington

F 04427

M. D. F 04427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 McElderry St., 15-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 54 yrs. mos. ds.

2. FULL NAME Anna Dorthea Stoecker

(a) Residence: No. 2118 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. A. Stoecker

6. DATE OF BIRTH (month, day, year) Dec 3 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Beyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elise Mehringer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Regina Buenemann

(Address) 2118 McE Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul Cemetery Balt. Date 9/3/34 1934

19. UNDERTAKER Nuschke & Rohde

(Address) 2322 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14 1934 to August 31 1934

I last saw h alive on Aug 30 1934 Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	5/14/34
Chronic Nephritis	Unknown

Other contributory causes of importance:

Arterio-Sclerosis Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N. Fulton Ave

M. D. P. 1368-9

E 04428

HEALTH DEPARTMENT—CITY OF BALTIMORE

04428

CERTIFICATE OF DEATH

Registered No. 7419

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Thomas Mitchell

(a) Residence: No. Ellicott City Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21, 34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wade Mitchell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hazel Porter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robert Mitchell
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place Ellicott City Date Feb 10, 1934

19. UNDERTAKER Spiegelhalter & Co.
(Address) Ellicott City

20. Filed Sept 10 - 1934 Huntington Pollinger, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1934 to Sept 1, 1934

I last saw him alive on Aug 31, 1934. Death is said to have occurred on the date stated above, at 7:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis	
Emaciation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

2904 Reist Rd

04429

HEALTH DEPARTMENT—CITY OF BALTIMORE

04429

CERTIFICATE OF DEATH

94-002

4-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 W. LEXINGTON ST. St., ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM B. BAMBERGER

(a) Residence: No. 625 W. LEXINGTON ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of FANNIE

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOOKKEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LYNCHBERG VA.

FATHER

13. NAME JACOB

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME SOPHIE

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT WIFE
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place HEBREW FRIENDSHIP Date 9-2-34

19. UNDERTAKER Justus Lue
(Address) 2101 Eutaw Place

20. FILED 9-1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-34, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to 8-27, 1934

I last saw h alive on 8-27, 1934. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	8-31-34

Other contributory causes of importance:
arteriosclerosis
coronary sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton B Kirsh M. D.

(Address) 2904 Reisterstown Rd

M. D. B. 1268-9

F 04430

04430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 78

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Suffolk Ave. St., 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Ellwood Conklin

(a) Residence: No. 2816 Suffolk Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie E. Conklin

6. DATE OF BIRTH (month, day, year) October 31, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bay State Tap & Die Mfg. Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Delbert H. Conklin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ida V. Bushman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Elsie E. Conklin
(Address) 2816 Suffolk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Sept. 2, 1934

19. UNDERTAKER Joseph D. Cook
(Address) 1003 E. Baltimore St.

20. FILED Sept 4 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from June ... 1933 to August 31, 1934

I last saw him alive on August 31, 1934 Death is said to have occurred on the date stated above, at 8.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right,	8-20
complicated by	
atrial flutter and	
intermittent failure	
for past several years	
of cardiac origin.	
Other contributory causes of importance:	
attack became	8-24
acute immediately	
upon onset of pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. A. Stewart M. D.

(Address) Medical Arts Bldg.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04431

F 04431

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.

1-PLACE OF DEATH

at Frank Ave St!

City of BALTIMORE: (No. On Lot at End of Denison St. St. 70-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward White

(A) RESIDENCE NO. 410 N. Denison St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Maude White

6 DATE OF BIRTH (month, day, and year) October 17, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work United Railway (Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) August 30, 1934

(c) Name of employer 23

9 BIRTHPLACE (city or town) Somerset County Maryland

(State or country)

PARENTS

10 NAME OF FATHER Alexander White

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Somerset County, Md.

12 MAIDEN NAME OF MOTHER Frances Rodgers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Somerset County, Md.

14 Informant Mrs. Ethel Maude White

(Address) 410 N. Denison St.

15 Filed Hunterton N.J. Times, N.J. Registrar

- 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myo-cardal Insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

(Signed) Joseph L. Volentine M. D.

, 19 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

Date of Burial Sept. 3 19 34

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—1-30—M. & T.—250 Bks.

F 04432

04432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 131

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1006 E. Eager ST. 16-01 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Gossman

(a) RESIDENCE NO. 1006 E. Eager ST., _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Ida Gossman

6 DATE OF BIRTH (month, day, and year) 8.26.63

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	0	5	

8 OCCUPATION OF DECEASED 073

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer) Retail Grocery

(c) Name of employer N. Frankel & Son

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Gossman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katerina Edel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida Gossman

(Address) 1006 E Eager St

15 Date 2 1934 16 Attended deceased from _____ to _____ Registered _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8.31.34

17 I HEREBY CERTIFY, That I attended deceased from July 27 1934 to Aug. 31 1934

that I last saw him alive on Aug. 24 1934

and that death occurred, on the date stated above, at 2-45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interst. Nephritis

(duration) 3 yrs. _____ mos _____ da.

CONTRIBUTORY (Secondary) Uremia

(duration) _____ yrs. _____ mos. 3 da.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Silas H. A. Mitchell M. D.

(Address) 1031 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery DATE OF BURIAL Sept 3 1934

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

M. D. F. 1263-0

04433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04433

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 N. Caroline St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cecelia Schwartz

(a) Residence: No. 1200 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of William H. Schwartz

6. DATE OF BIRTH (month, day, year) Feb-25-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Memphis, Tenn.

MOTHER FATHER

13. NAME Louis Dauenhauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Manion

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. H. Schwartz

(Address) 1200 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 9/3/34 19

Place

19. UNDERTAKER George J. Kuhn Inc

(Address) 1200 N. Caroline St

Huntington Williams, Inc.

Registrar.

FILED 9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from February-17, 1934 to August-30, 1934

I last saw h[illegible] alive on August 30, 1934 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	August 19 1934
Exhaustion	
Cardiac Failure	
Other contributory causes of importance:	
Arteriosclerosis.	Feb. 1934

Name of operation None Date of

What test confirmed diagnosis? Exam, Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William F. Schwartz M. D.

(Address) 1200 N. Caroline St.

M. D. B. 1268-9

04434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04434

CERTIFICATE OF DEATH

124-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5310 Holder Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Patzschke

(a) Residence: No. 5310 Holder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna Patzschke

6. DATE OF BIRTH (month, day, year): Jan 17 1864

7. AGE: Years: 73; Months: 7; Days: 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Frederick T Patzschke

14. BIRTHPLACE (city or town) (State or country): Bal to

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anna Patzschke
(Address): 5310 Holder Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cem Date: Sept 3rd 1934

19. UNDERTAKER: John Ullrich
(Address): 200 Park Ave

20. FILED: 2-1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 30- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1933 to Aug 30 - 1934

I last saw him alive on Aug 30 1934 Death is said to have occurred on the date stated above, at 830 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cirrhosis of Liver	2 yrs
Other contributory causes of importance: Cardiac Irregularity	3 days

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.

(Address)

Dr Jaques Akehurst 4012 Park Heights Ave 2167534

M. D. P. 1268-9

F 04435

04435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5315 Gwynn Oak Ave 28-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L. Gerlach

(a) Residence: No. 5315 Gwynn Oak Ave Ward. .....
(Usual place of abode) 25 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~ Widowed. ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~single~~ widowed, ~~or divorced~~ HUSBAND of ~~Wife of~~ Martha E. Gerlach

6. DATE OF BIRTH (month, day, year) Nov 5th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer 002

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Gerlach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary B. Dahl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Mada A. Gerlach
(Address) 5315 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 4th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED 2-1934 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1934 to Sept 1 1934

I last saw ~~him~~ her alive on Sept. 1 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Desoph. with ulceration and fungus of stomach	2 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James E. Akehurst M. D.

(Address) 4012 Park Heights Ave

M. D. B. 1268-9

F 04436

04436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 27-W Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dotha Elizabeth Mears.

(a) Residence: No. 3426 Belvedere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-1-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.
	0	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Battle Mears
14. BIRTHPLACE (city or town) (State or country) Keller Va.

MOTHER

15. MAIDEN NAME Weller (Bessie Mae)
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT H. B. Mears
(Address) 3426 Belvedere

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Sept. 3rd, 1934

19. UNDERTAKER William Cook
(Address) 1217 St Paul St.

20. FILED Sept 2, 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1- , 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 1, 1934
I last saw her alive on Sept 1, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital enfeblement.	9-1-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Claude Elliott Babcock M. D.

(Address) Maryland Gen. Hosp.

2-1934

M. D. B 1268-9

F 04437

HEALTH DEPARTMENT—CITY OF BALTIMORE

04437

CERTIFICATE OF DEATH

✓ 93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4902 Arabia St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Thomas Edward Joyce

(a) Residence: No. 4902 Arabia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie May Joyce

7. DATE OF BIRTH (month, day, year) May 2/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Timothy Joyce

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Collins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Lottie M. Joyce

(Address) 4902 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL Mem Cath Cem Date Sept 3 19 34

19. UNDERTAKER Leonard F. Knott

(Address) 315 Penford Rd.

20. FILED 1934 Alice E. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 508 S Broadway

M. D. B. 1268-9

F 04438

HEALTH DEPARTMENT—CITY OF BALTIMORE

04438

CERTIFICATE OF DEATH

V 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 E. Hamilton St. Ward) 27-81

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine M. Hamilton

(a) Residence: No. 3008 E. Hamilton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W.	Wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick J. Hamilton

6. DATE OF BIRTH (month, day, year) Sept 30-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Busch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frederick J. Hamilton

(Address) 3008 E. Hamilton St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date Sept 4, 1934

19. UNDERTAKER Leonard Lindsay

(Address) 2315 Harford Rd

20. FILED 9-4-1934 Huntington P. Cowen, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1934 to Sept 1, 1934 last saw h[illegible] alive on Sept 1, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar paralysis + Bronchopneumonia	

Other contributory causes of importance:

Paralysis agitans

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas Smith, M. D.

(Address) 4706 Harford Rd

M. D. P. 1268-9

F 04439

04439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony A. Baugh

(a) Residence: No. 1207 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married ~~widowed~~ divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B. Baugh

6. DATE OF BIRTH (month, day, year) 3/14/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 68	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Philip Baugh

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Harfner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Holy Redeemer Cem. Date Sept. 4 1934

19. UNDERTAKER Henry Hoen (Sons, Inc.)
(Address) 1301 E. Eager St.

FILED 2-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~8/5/34~~ ~~8/31/34~~ 19 to 8/31/34 19

I last saw him alive on 8/31/34 19 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bile Ducts	?
Other contributory causes of importance: Spontaneous Rupture of Aneurysm of Aorta	8/31/34

Name of operation Exploratory Date of 8/2/34

What test confirmed diagnosis? Clinic Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard F. Hellrung M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

F 04440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04440

CERTIFICATE OF DEATH

108V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Eman St., 9-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip J. Holthaus Jr.

(a) Residence: No. 1405 Eman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 10 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Philip J. Holthaus

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Minnie Hild

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Philip J. Holthaus
(Address) 1405 Eman St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 3 1934

19. UNDERTAKER Henry Koch Sons, Inc
(Address) 301 E. Eager St

2-1934 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1934 to Sept 1 1934

I last saw him alive on August 31st 1934. Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Aug 30th 34

Other contributory causes of importance:

Convulsions	1 dy.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Philip J. Holthaus M. D.

(Address) 610 Eutaw Pl

M. D. P. 1268-9

E 04441

HEALTH DEPARTMENT—CITY OF BALTIMORE

04441

CERTIFICATE OF DEATH

V '76

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S Milton ave St., 1 - 01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Kowalewski

(a) Residence: No. 509 S. Milton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kowalewski

6. DATE OF BIRTH (month, day, year) March 4 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.C. Read Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 009

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Stanislaus Kowalewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Aplonia Dzgyzynska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Rose Kowalewski
(Address) 509 S. Milton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary cem Date Sept 4 1934

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED 9-2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11 1934 to Sept 1 1934
I last saw h[illegible] alive on August 31, 1934 Death is said to have occurred on the date stated above, at 120 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalo-myelitis	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Andrew Kenwood M. D.

9/1/34 (Address) 2529 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

F 04442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04442

CERTIFICATE OF DEATH.

42-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (Hospital, Street and No.) Harriet Memorial Hospital Ward 8

2-FULL NAME John Walter Krieger

(a) RESIDENCE NO. 1721 Clifton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Krieger

6 DATE OF BIRTH (month, day, and year): June 27 1883

7 AGE: Years 51; Months 2; Days 3; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): 011

(c) Name of employer: Shamokin

9 BIRTHPLACE (city or town): Pa

(State or country)

PARENTS

10 NAME OF FATHER: Silas Walter Krieger

11 BIRTHPLACE OF FATHER (city or town): Shamokin

(State or country)

12 MAIDEN NAME OF MOTHER: Anna Hess

13 BIRTHPLACE OF MOTHER (city or town): Shamokin

(State or country)

14 Informant (Address): Mrs. Sarah Krieger 1721 Clifton Ave.

15 Filed ... Registrar

2-1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/31 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (coroner's or inquest jury) thereon and from the evidence obtained by said inquest, autopsy or otherwise, find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis of Heart

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

(Signed) ... (Coroner) M. D.

9/1 19 34 (Address) 1732 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... d

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

Date of Burial: Sep. 2. 19 3

20 UNDERTAKER: J. Heiwang & Son

ADDRESS: 32 S. Bro

very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04443

F 04443

CERTIFICATE OF DEATH.

93-003

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1320 N. Patterson St. 13-04 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sigmund Pfefferkorn

(Residence in Baltimore: No. 1320 N. Patterson St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Jan 8 1868 (Month) (Day) (Year)

7-AGE: 66 yrs. 1 mos. 24 ds. 3 If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country): Austria

PARENTS

10-NAME OF FATHER: Abraham Pfefferkorn

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Theresa Buchsbaum

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Pfefferkorn

(Address) 1320 N. Patterson Pk Ave

15- Filed 2-1934 Huntington Williams, M.D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 1 (Day) 1934 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows: Sudden death due to Chronic Myocardial degeneration (Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis (?) (Duration) 3 mos. (?) ds.

(Signed) Jos. T. Kabelitz M.D. (Coroner)

Sept 2 1934 (Address) 16 So Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents)
At place of death ....yrs ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. Sept 3 1934

Chesterfield Cemetery

20-UNDERTAKER. ADDRESS

1932 Patterson Pk Ave

F 04444 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04444

CERTIFICATE OF DEATH.

REGISTERED NO. C 108

(PLACE OF DEATH) CITY OF BALTIMORE (No.) City Hosp. (S) 1-01 (WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Frank Konopacki

(Residence in Baltimore) No. 930 S. Kenwood ave St.; yrs., mos., da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH. March 9, 1892 (Month) (Day) (Year)

7-AGE. 42 yrs. 5 mos. 21 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Blazij Konopacki

11-BIRTHPLACE OF FATHER (State or Country). Poland.

12-MAIDEN NAME OF MOTHER Elnora Konoganda

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Konopacki

(Address) 1019 S. Bunny st

15- Filed ....., 191.. ..... Registrar.

2-1934

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug. 30, 1934 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... d.

(Signed) ..... M.

(Coroner)

Aug 31, 1934 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus Cem

DATE OF BURIAL. 9/3, 193..

20-UNDERTAKER Stephen J. Fealkowski

ADDRESS 1000 S. Kenwood ave

important. See instructions on back of certificate.

M. D. F 04445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04445

94-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apts. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Harsh

(a) Residence: No. Hopkins Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dollie P. Harsh

6. DATE OF BIRTH (month, day, year) Nov. 24, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moses Harsh

14. BIRTHPLACE (city or town) (State or country) --------

MOTHER

15. MAIDEN NAME Adeline Rosenfeld

16. BIRTHPLACE (city or town) (State or country) --------

17. INFORMANT Mrs. G.M.Harsh
(Address) Hopkins Apts.

18. BURIAL, CREMATION OR REMOVAL
Place Oheb Shalom Cem. Date Sept. 3, 1934

19. UNDERTAKER Harrod Sondheim & Son
(Address) 1902 Eutaw Place

SEP 3 - 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1928 to Sept. 1, 1934

I last saw him alive on Sept. 1, 1934 Death is said to have occurred on the date stated above, at 4.20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	8-28-34.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Heaman M. D.

(Address) 1107 St. Paul St.

M. D. H 1268-9

E 04446

04446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Hospital, St., or Ward) Union Memorial Hospital

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertram Ritter

(a) Residence: No. 3205 Guilford Ave St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mr.

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Ritter

6. DATE OF BIRTH (month, day, year): Feb 24th 1875

7. AGE: Years 59 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Wade Ritter

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Katherine Dumm

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Lorelie Beckley

(Address) 3205 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 9/4 19 34

19. UNDERTAKER: Wilson Cook

(Address) 1217 St Paul St

FILED SEP 5 1934 Wilson Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	3 Days
Peritonitis	3 Days

Other contributory causes of importance:

Name of operation: Exploratory Laparotomy Date of 9-1-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Mowbray M. D. Coroner

(Address) 1212 Rolandene

F 04447 Dr Abbott 402 Lyman Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04447

CERTIFICATE OF DEATH

72-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Venable Ave St. 12-01 Ward)

Length of residence in city or town where death occurred 1 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl L. Milstread

(a) Residence: No. 411 Venable ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6. DATE OF BIRTH (month, day, year) Oct 9-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bryan H. Milstread

14. BIRTHPLACE (city or town) (State or country) Orange Va.

MOTHER

15. MAIDEN NAME Alice E. Linchy

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Bryan H. Milstread
(Address) 414 Venable.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 3 1934

19. UNDERTAKER Wm Cook.
(Address) 1217 St Paul St.

20. FILED Sept 4 1934 Hunter Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1934 to Sept 1 1934

I last saw him alive on Aug 31 1934. Death is said to have occurred on the date stated above, at 12 30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	about April 1934

Other contributory causes of importance:

Secondary anemia	

Name of operation — Date of —

What test confirmed diagnosis Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman H. Abbott M. D.

(Address) 817 Medical Arts, Bld

6-1934

F 04448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04448

CERTIFICATE OF DEATH

184

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., 2-ab Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Pakula

(a) Residence: No. 1818 Aliceanna Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packing House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Boleslaw Pakula

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherine Kitz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Pakula (Brother)

(Address) 1818 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date September 6 1934

19. UNDERTAKER George A. Weber

(Address) 705 S Ann Street

FILED SEP 6 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to pistol shot wound of abdomen.	Sept/34
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Sep 1/34 19...

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home-1621 Lancaster St

Manner of injury while examining an automatic gun was fired by James Koudas

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 508 E Fayette

Spec—9-28—A. & Co.—250 Blks

F 04449

F 04449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3807 Fenchurch Road St. 17-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ella Dixon Pitts

(a) RESIDENCE NO. — 3807 Fenchurch Road St. — Fenchurch Road Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred. L. Pitts

6 DATE OF BIRTH (month, day, and year): Sept 5th 1853

7 AGE: Years 80 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

0 0 0

9 BIRTHPLACE (city or town) (State or country): Princess Anne Md

PARENTS

10 NAME OF FATHER: Dr Geo. E. Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Somerset Co Md

12 MAIDEN NAME OF MOTHER: Virginia White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Nancy L Lynn

(Address) 3807 Fenchurch Rd

15 [illegible] Registrar

SEP 3 - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 2/1934

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to Sept. 1, 1934

that I last saw her alive on Sept. 1, 1934

and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No

Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edgar F. Sandrock M. D.

, 19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Laurel Cemetery

DATE OF BURIAL: Sept 4th 1934

20 UNDERTAKER: Henry Hyslop & Co

ADDRESS: Medical Arts Building

Spec.—9-30—A. & Co.—250 Blks.

F 04450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 04450

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1624 Holbrook St 9-01 WARD)

2 FULL NAME Agnes E. Maccubbin

(a) RESIDENCE NO 1624 Holbrook ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 15, 1845

7 AGE: Years 89 | Months 4 | Days 16/7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Weigert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Thomas J. Griffin 1624 Holbrook St

15 Filed [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1st. 1934

17 I HEREBY CERTIFY, That I attended deceased from July, 1933, to Aug 1, 1934

that I last saw her alive on Aug 1, 1934

and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Senile Sclerosis

Hypertension Cardio vascular renal disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical Signs

(Signed) Joseph S. Bloom M. D.

19 (Address) 206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Sept 4th 19 34

20 UNDERTAKER: Edward W. Conklin — ADDRESS: 324 E Eager St.

AP 3-1934 [illegible] for [illegible]

M. D. B. 12-33

F 04451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Riggs Ave St., 16-01 Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Foley

(a) Residence: No. 2708 Riggs Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME James Foley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Liberty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Agnes Foley

(Address) 2708 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 9/5, 1934

19. UNDERTAKER John J Gowen Sons

(Address) 401 Fallsway

20. FILED SEP 5 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17th 1934 to Sept 2nd 1934

I last saw her alive on Aug 31st 1934 Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	July 17 1934

Other contributory causes of importance:

Cardio-Vascular Renal disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. B. Sutter House M. D.

(Address) 1401 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 04452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04452

X 119

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edward Howell

(a) Residence: No. Fullerton, md St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5½	W	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fullerton, Md.

FATHER

13. NAME Earl Howell

14. BIRTHPLACE (city or town) (State or country) Ohio,

MOTHER

15. MAIDEN NAME Marie Reed

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Chapel Date Sept. 4 34

19. UNDERTAKER Leads Kavanaugh Sons
(Address) 2401 Belair Rd

FILED SEP 3 - 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 . 1934

22. I HEREBY CERTIFY, That I attended deceased from September 1 . 1934. to September 2 . 1934.
I last saw h im alive on September 2 . 1934. Death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	3 weeks
Malnutrition	?
Other contributory causes of importance:	
Bronchopneumonia	24 hours
Otitis media	2 weeks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Manuel S Hecht M. D.
(Address) Union Memorial Hospital

F 04453

M. D. B 1268-B

04453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Conkling St., 26-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosaria Caltagirone

(a) Residence: No. 244 S. Conkling St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Caltagirone

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Caltagirone
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 4 1934

19. UNDERTAKER Frank V. Caltagirone
(Address) 2452 E. Baltimore St

20. FILED Hennig for Clerk Sept 4 1934
SEP 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6th 1934 to Sept 1st 1934
I last saw her alive on Sept 1st 1934 Death is said to have occurred on the date stated above, at 12:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Edema of lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harry J. Jenkins M. D.

(Address) 159 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. F 04454

F 04454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ M

* 210-002

Registered No. 96-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Karl

(a) Residence: No. Rosedale, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Feb. 22, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Karl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J. Karl

(Address) Rosedale, Phila Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 4, 1934

19. UNDERTAKER Frank V. Dipietro

(Address) 2212 E. Baltimore St

20. FILED 9-3-1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Augm 19 to 19

I last saw h alive on Augm 19 . Death is said to have occurred on the date stated above, at 7.05 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 8/26, 1934

Where did injury occur? Philad & Chesapeake Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by automobile, while walking across road.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

M. D. P. 1965-9

F 04455

F 04455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Gilmore & Caton 2100) (Ward)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Master Joseph Lucas (Joseph Henry Lucas, Jr

(a) Residence: No. 791 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 12, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Eugene Lucas

14. BIRTHPLACE (city or town) (State or country) New Market Virginia

MOTHER

15. MAIDEN NAME Erma F. Graf

16. BIRTHPLACE (city or town) (State or country) Lake View County Oregon

17. INFORMANT Mr. Joseph Eugene Lucas, Jr.
(Address) 791 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Cem. Va. Date Sept. 3, 19 34

19. UNDERTAKER Lest H. Cook
(Address) 1005 N. Baltimore St.

P 3 1934 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-30 . 1934 to 9-2 . 1934

I last saw him alive on 9-2 . 1934 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media	8-26-34
Entero-enteritis	8-26-34.
Cerebral Hemorrhage	9-2-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl G Penkert M. D.

(Address) St Agnes Hospa

F 04456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N Wolfe St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Spangler

(a) Residence: No. 1635 N Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 6 1871

7. AGE: Years 63 | Months 6 | Days 26 | If LESS than 1 day.. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frederick C Spangler

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Charlotte J. Bauer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr Frederick C Spangler Jr 1635 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 4 1934

19. UNDERTAKER: John F Denny
(Address) 715 Lexington St

FILED Sept 3 1934 Huntington Pittsman Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1937 to August 31 1937
I last saw her alive on August 31 1937. Death is said to have occurred on the date stated above, at 3 57 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Nephritis	?
Coronary Sclerosis	?
Other contributory causes of importance: Hypostatic Arthritis	10 yrs

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. C. Cockburn M.D. M. D.

(Address) 1507 N. Charles St

M. D. B 1263-A

F 04457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04457

CERTIFICATE OF DEATH

107-001

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. (15-01 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Shula Rosalie Zenuk

(a) Residence: No. 2013 N. Pulaski St., ___ Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25/34

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		8 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Zenuk

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Goodman

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Weber cemetery Date 9/3/34 19

19. UNDERTAKER Geo. Lewis Inc. (Address) 1939 E. Baltimore St.

SEP 3 - 1934 Washington Boulevard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 3/34 19

22. I HEREBY CERTIFY, That I attended deceased from ___ 19 ___ to ___ 19 ___

I last saw h___ alive on ___ 19 ___ Death is said to have occurred on the date stated above, at 7.26 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, (Primary)	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19 ___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) O. H. Williams M. D.

(Address) 5586 Reisterstown Rd Coroner

F 04458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04458

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital. St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie Schwartz.

(a) Residence: No. 2200 Clifton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gilbert Schwartz

6. DATE OF BIRTH (month, day, year) March 1 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Abraham Barr

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora (?)

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gilbert Schwartz.

(Address) 2200 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Learning Rum 9/3/34 19

19. UNDERTAKER Levine Home

(Address) 1439 E. Baltimore St.

FILED 9-3-1934 Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuffiency	Sept 3 1934
Other contributory causes of importance: Acute Bronchial Asthma	July 1934.

Name of operation: Inquiry Date of " September 3

What test confirmed diagnosis? " Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If ... specify

(Signed) J. T. Valentine Coroner M. D.

(Address) 16 S Brpadway.

M. D. B. 1264

F 04459

✓ F 04459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28605

+87-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Chandler

(a) Residence: No. Route 1 Box 72 St., Ward. Greensboro N Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-9-15

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME John P. Chandler

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Laura Heath

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro N.C. Date Sept. 3 1934

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw St.

20. FILED ..... 19 ..... Registrar

SEP 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934 to Sept 2, 1934

I last saw him alive on Sept 2, 1934 Death is said to have occurred on the date stated above, at 11 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	May 1934

Other contributory causes of importance:

Name of operation Third ventriculography Date of May '34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hospital

M. D. P 1268-9

04460 HEALTH DEPARTMENT—CITY OF BALTIMORE 04460

CERTIFICATE OF DEATH

V 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S Washington St., 1-C Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gorecki.

(a) Residence: No. 430 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalia Gorecki

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rosalia Gorecki

(Address) 430 S Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sept. 1934

19. UNDERTAKER H. M. Gazewski

(Address) 929 E Eastern Ave

20. FILED 19

SEP 4 - 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B P Strong M D Coroner . M. D.

(Address) 130 S Patterson Park

M. D. B. 1268-9

F 04461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04461

CERTIFICATE OF DEATH

82-001

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Leimbach

(a) Residence: No. 1048 N Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah Leimbach (Dead)

6. DATE OF BIRTH (month, day, year) Sept 28, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Paul Leimbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 5th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Sept 4-1934 Permit for Burial issued

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934 to Sept 2, 1934

I last saw h[illegible] alive on Sept 2, 1934 Death is said to have occurred on the date stated above, at 5-30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Term.
Cerebral Hemorrhage [illegible]	1 mo.
Hemiplegia, [illegible]	

Other contributory causes of importance:

Old hemiplegia, right	12 yrs

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) I P Nagel M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1955-3

F 04462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04462

CERTIFICATE OF DEATH

93-004

Registered No. 26-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4804 Crenshaw Ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Annie N. Nunnally

(a) Residence: No. 4804 Crenshaw St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caiaphas D. Nunnally

6. DATE OF BIRTH (month, day, year) Feb 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private Family

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Baker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Nunnally (Son)

(Address) 4804 Crenshaw Ave

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date SEP 5 - 1934 19

Place

19. UNDERTAKER Geo. N. Little

(Address) 2700 Edmondson Ave

FILED SEP 4 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 2/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.30 m P. M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

General Arteriosclerosis

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 508 E Front Ave Coroner

M. D. F 126 F 04463

F 04463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Ellamont Ave. St., 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Frances Wilson,

(a) Residence: No. 1614 Ellamont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob C.Wilson,

6. DATE OF BIRTH (month, day, year) October 24.1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allegany Co.Md.

FATHER

13. NAME John W.McMullen,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachael E.Porter,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Guy T.Billmyer, 1614 Ellamont Ave

18. BURIAL, CREMATION, OR REMOVAL SEP 4-1934
Place Woodlawn Date 19

19. UNDERTAKER Robert S Little
(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams, Registrar.

SEP 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 1-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934 to Sept. 1, 1934
I last saw her alive on Sept 1, 1934 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1925
Chr. nephritis	1926
Myocardial Insuff.	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Homer L. Dodd, M. D.

(Address) 735 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

S 3

Spec.—9-30—A. & Co.—250 Bks.

F 04464

F 04464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50V

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home and Infirmary ST. 12-01 WARD)

2. FULL NAME Mrs. M. Margaret Mitten

(a) RESIDENCE NO. 2413 St Paul ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of Mr. Mitten
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Mr John Moston

11 BIRTHPLACE OF FATHER (city or town) New York (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Margaret Van Derveer

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

14 Informant Daughter (Address) (As above)

15 Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3-34

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1934 to Sept 3 1934

that I last saw her alive on Sept 3 1934

and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast with metastases

(duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, Left lung

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? Yes Date of November 1932

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical examination

(Signed) Hugh C. Edgerton M. D.

9-3 1934 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smithburg Md

DATE OF BURIAL 9-5-1934

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins st

9-4-1934

TION is very important. See instructions on back of certificate.

M. D. Form 6-S F 04465

F 04465

28 9334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 3-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena D. Wimpling

(a) Residence: No. 1221 W. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/23/1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

056

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arthur Hill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/5 1934

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St.

SEP 4 - 1934

Filed 19 Register No.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1934 to Sept. 1 1934.

I last saw her alive on Sept 1 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug 25, '34
Septicaemia.	Aug 23, '34
Other contributory causes of importance:	
Pelvic abscess	Aug 1934 ?
Salpingitis, bilateral.	

Name of operation. None Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) Isaac W. Jack M. D.

(Address) Johns Hopkins Hospital.

M.D.B. No. F 04466

F 04466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

W 154

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward) No. 01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Petty

(a) Residence: No. 1455 S. Bouldin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Petty

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Cemetery Date Sept. 5 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. J. Sander

(Address) Baltimore & Broadway.

20. FILED SEP 4 - 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to Sept 3, 1934

I last saw him alive on Sept 2, 1934 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis Clavicle Supp. Rt. Fibia Left Pneumonia Left Septicemia, Staphylococcus	7/19/34 7/20/34
Other contributory causes of importance: Inanition acute.	8/20/34
	7/19/34
Name of operation Osteotomies Date of operation	7/25/34
What test confirmed diagnosis Pathology Was there an autopsy?	7/29/34

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Bernard H. Gro... M. D.

(Address) Balto City Hos...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 108-9 F 04467 F 04467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V/31

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Potomac St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME FREDERICK GRAULING

(a) Residence: No. 610 S. Potomac St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Anna K. Grauling

6. DATE OF BIRTH (month, day, year) Nov. 4. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 13 years
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburg
(State or country) Penna.

FATHER

13. NAME Frederick Grauling
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Caroline Lindeman
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Wm. Grauling (Son)
(Address) 1301 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date Sept. 4. 1934

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

FILED SEP 4 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 19 34 to Sept. 1, 34 19 34
I last saw H alive on Sept. 1 19 34 Death is said to have occurred on the date stated above, at 6.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) J. Joseph Sunberg M. D.

(Address) 1441 S. Ellwood Ave

SEP 4 1934 Huntington Mills, N.Y.

3 CAUSES OF DEATH in plain terms, and state, in each case, the exact disease or condition which caused death. OCCUPATION is very important. See instructions on back of certificate.

F 04468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Presstman St. 16-C Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Washington J. King

(a) Residence: No. 3034 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daisy B. King

6. DATE OF BIRTH (month, day, year) April 9. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freight Claim Dept

10. Date deceased last worked at this occupation (month and year) Prs. R. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marshall N. C.

FATHER

13. NAME Samuel King.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT John W. King (Address) 3034 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Sept 4 . 1934

19. UNDERTAKER Wm. Sies. John W. Tenley & Son (Address) 801 W. Fayette St.

20. FILED SEP 4 - 1934 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24th . 1934 to Sept 1st . 1934

I last saw him alive on Sept 1st, 1934 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

Empyema
Pectoris

Date of onset

Other contributory causes of importance

Coronary Vascular Disease

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. P. Boyer M. D.

(Address) 304 W. Mount Pk

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

F04469

F04469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712-Matthews St. St., 9-01 Ward)

Length of residence in city or town where death occurred life mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Agnes V. Bittner

(a) Residence: No. 2712-Matthews St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Christian Bittner

6. DATE OF BIRTH (month, day, year) 7/1/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	1	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Maccubbin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Bittner
(Address) 2712-Matthews St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 9/5/34 19

19. UNDERTAKER Geo. Roth Inc
(Address) 1736-Hanford Ave.

SEP 4 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 2nd, 19 34

22. I HEREBY CERTIFY, That I attended deceased from March 31st, 19 34 to Sept 2nd, 19 34 I last saw her alive on Aug 1st, 19 34 death is said to have occurred on the date stated above, at 8:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus.	Feb 1934

Other contributory causes of importance:

Name of operator None Date of

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. Wm. Todd M.D.
(Address) 401 E 25th St.

M. D. B. 1208-9

F 8497
F 84470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002V F 04470
Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 27-06 (Ward)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm J Schuchardt

(a) Residence: No. 4411 Glenmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 4/29/04

7. AGE: Years 30 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 029
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER
13. NAME: Wm
14. BIRTHPLACE (city or town) (State or country): Ire.
15. MAIDEN NAME: Elizabeth O'Connett
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: woodlawn Date: Sept. 4, 1934

19. UNDERTAKER: Harry F Kutzke
(Address) 401 E Edmondson ave

FILED SEP 7 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934 to Sept-1, 1934
I last saw him alive on Sept-1, 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroid crisis, post-operative	8-31-34

Other contributory causes of importance:
none

Name of operation: Double partial Colectomy Date of: 8-31-34
What test confirmed diagnosis: B.M.R. Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ed Brennan, M. D.
(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250F

F 04471

F 04471 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 131

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210-E. North Ave. St., 9-C Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Schaffer

(a) Residence: No. 1210-E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie (Davidson)

6. DATE OF BIRTH (month, day, year) 12/29/1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	5	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gabriel Schaffer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara (Unknown)
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Romans
(Address) 1210-E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/6/34 19

19. UNDERTAKER Cumpston Bros.
(Address) 1735-Harford Ave.

FILED SEP 4 1934 H. [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1934 to Sept 3, 1934
I last saw h[illegible] alive on Sept 2, 1934 death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows: Uraemic Coma. Chr. Nephritis. Arterio Sclerosis. Hypertrophied Prostate. Chr. Myocarditis. — Date of onset 9/1/34

Other contributory causes of importance: Acute pleurisy with effusion, Right — Date of onset Aug 26/34

Name of operation None Date of —
What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Geraghty M. D.
(Address) 7225 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

A4Co 5-31 250B

F 04472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04472

CERTIFICATE OF DEATH

V 92-001

I. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1812-N. Collington Ave. St., 8-01 Ward)

Length of residence in city or town where death occurred life yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos ds.

2. FULL NAME Annie M. Heuer

(a) Residence: No. 1812-N. Collington Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month day year) 6/7/1861

7. AGE Years	Months	Days	If LESS than 1 day hrs.
73	2	26	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frodk. Heuer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henriette Burkes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary A. Heuer
(Address) 1812-N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Spring Md. Date 9/4/34 19

19. UNDERTAKER George J. Ruth Inc.
(Address) 1735-Harford Ave. Baltimore

20. FILED 1934 Huntington Hitchcock, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1933 to Sept 1, 1934

I last saw h alive on Sept 1, 1934 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jacob Tieker, M. D.

(Address) 1823 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

F 04473

M. D. B. 1934

F 04473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 W 35th St. St., 13-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patricia A. Straze

(a) Residence: No. 828 W 34th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) May 5, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — md.

FATHER

13. NAME Henry L. Straze

14. BIRTHPLACE (city or town) (State or country) — md.

MOTHER

15. MAIDEN NAME Carolyn Kaye

16. BIRTHPLACE (city or town) (State or country) — md.

17. INFORMANT Henry L. Straze
(Address) 828 W 35th St.

18. BURIAL, CREMATION, OR REMOVAL
Loraine Date Sept 4, 1934

19. UNDERTAKER Thomas Taylor.
(Address) 361 N Eutaw St.

20. FILED SEP 4 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934 to Sept 3, 1934

I last saw her alive on Sept 3, 1934 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	8-29-34
Other contributory causes of importance:	
w whooping cough.	8-6-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur F Davis, M. D.

(Address) 8 E Lanvale St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Files E 04474 E 04474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 1 V

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2311 N Calvert St. 17-91 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Albert Klein

(a) Residence: No. 2311 N Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline H. Klein

6. DATE OF BIRTH (month, day, year) Febry 13-1848

7. AGE: Years 86 | Months 6 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Manfr. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Conrad Klein

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Bauer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Allan L. Klein
(Address) 110 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date Sept 4, 1934

19. UNDERTAKER: Dyer Funeral Home
(Address) North Eutaw St

20. FILED: Sept 4 1934 Hartman Williams, Jr. Registrar.

P 4 - 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2d, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1934 to Sept 2. 1934

I last saw h alive on Sept 2d 1934 Death is said to have occurred on the date stated above, at 3-0 m.

The prinripal rause of death and related causes of importance were as follows:

Carcinoma of Face — 2 yrs
Lung & Pleura

Date of onset

Other contributory rauses of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis Direct Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, rounty, and State)

Specify whether injury occurred in industry, in home, or in publir plare

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. N. Pearre M. D.

(Address) 2105 Eutaw St

M. D. P. 1208-b

F 04475

F 04475

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 89240

Med.

CERTIFICATE OF DEATH

93V-003

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lowry Quick

(a) Residence: No. 2312 Chelsea Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: ~~HUSBAND~~ (or) WIFE of Alfred M Quick

6. DATE OF BIRTH (month, day, year) 12/29/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	-8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Stephen V. Murray (Nunn)

14. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

MOTHER

15. MAIDEN NAME Louisa Krug

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Friends. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Date Sept. 4, 1934

19. UNDERTAKER Wm Tucker & Sons

(Address) North & Arsonaires

FILED ... 19... Registrar

~~SEP 4 1934~~ Lowry Quick, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934 to Sept 2, 1934

I last saw h[illegible] alive on Sept. 2, 19... Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Sept 26
Other contributory causes of importance: Chr. myocardial disease	?

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-04476 Williams F 04476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 27-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Williams

(a) Residence: No. 443 E. Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1934

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME No record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 4 1934

19. UNDERTAKER Mrs Robert A Elliott

(Address) 1129 Leadenhall St.

20. FILED SEP 4 1934 Huntington Nathaniel

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-1-34 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-34 19 to 9-1-34 19

I last saw him alive on 9-1-34 19 Death is said to have occurred on the date stated above, at 9 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-23-34
Other contributory causes of importance: Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Light Ferry M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 V F 04477

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Hamburg St. 25 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Blocker

(a) Residence: No. 2213 Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 16 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	24	10	14,15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jackson Blocker

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Carrie Wise

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Carrie Blocker
(Address) 2213 Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 4 1934

19. UNDERTAKER Forrest P. Hemsley
(Address) 518 Druid Hill Ave

FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/34

22. I HEREBY CERTIFY, That I attended deceased from 8/5/34 to 8/31/34
I last saw him alive on 8/31/34 Death is said to have occurred on the date stated above, at 2.24 H. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Primary)	8/7/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) J. B. Hartline M. D.

(Address) 912 Gilmor St

OCCUPATION is very important. See instructions on back of certificate.

EP 4

M. D. F. 268

F 04478

F 04478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Woodlea Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Fisher

(a) Residence: No. 4005 Woodlea Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph L Fisher

6. DATE OF BIRTH (month, day, year) July 11-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George H Clarke

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph L Fisher
(Address) 4005 Woodlea Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Sept 5 1934

19. UNDERTAKER John Merrett
(Address) 2008 Orleans

SEP 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Sept 2 1934

I last saw her alive on Aug 31 1934. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 30 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) W Harding M. D.

(Address) 4810 Belair Rd.

State CAUSE OF DEATH in plain terms, so that it may be understood by the layman. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 F 04479 F 04479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1192

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Lemon St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Strickland

(a) Residence: No. 1514 Lemon St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Infant

5a. If married, widowed, or divorced — HUSBAND of (Nor) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): Dec. 16-34

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Andrew Strickland

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Helen Hardison

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT: Andrew Strickland

(Address): 1514 Lemon St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Sept 4th, 1934

19. UNDERTAKER: A. J. Jones

(Address): 111 S. Gilmor St

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ileo-Colitis	Sept 1-34

Other contributory causes of importance:

None

Name of operation: Inguinal Date of: Sept 1-34

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Holzapfel Jr. M. D. Coroner

(Address) 16 So Broadway

M. D. F 12 F 04480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04480

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1551 Montpelier St., 9-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Steckenhoff

(a) Residence: No. 1551 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): April 12th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	4	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cigar Factory 017

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Charles Steckenhoff

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Catherine Soeffler

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Lillian Sanders
(Address) 1551 Montpelier St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Balto Cemetery Date: Sept 5th 1934

19. UNDERTAKER: Geo Schilling & Sons
(Address) Monument & Eutaw Sts

20. FILED: 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4 1934 to Sept 2 1934

I last saw him alive on Sept 2 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7/4/34
Apoplexy (Cerebral Hemorrhage)	9/2/34
Other contributory causes of importance: Pulmonary oedema	9/1/34

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George Abner Saunders M. D.

(Address) 1572 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. Form 8-B F 04481 ✓ F 04481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1531 Gilmore St., 15-61 Ward)
Length of residence in city or town where death occurred 10 yrs. 15 mos. ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME William Edward Smith
(a) Residence: No. 1531 Gilmore St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct-17-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Frances O. Smith
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER
15. MAIDEN NAME Alice Green
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frances O. Smith
(Address) 1531 Gilmore St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Sept. 4 1934

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED Sept 4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept - 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug - 31 1934 to Sept - 1 1934
I last saw him alive on Aug 31 1934 Death is said to have occurred on the date stated above, at 7-48 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	Aug 27, 34

Other contributory causes of importance: —

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Gibson Porter M. D.
(Address) 4822 Roland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

4482

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 01482

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women Ward 7 Lafayette Ave) Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Hickok

(a) Residence: No. 10 Club Road St., Ward. Roland Park Balto.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry K. Hickok

6. DATE OF BIRTH (month, day, year) Dec. 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandy Spring Md.

FATHER

13. NAME Gideon Gilpin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Severing

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lucy S. Gilpin

(Address) 243 N. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Sept 4, 1934

19. UNDERTAKER John A. Mitchell & Sons Inc.

(Address) 1900 Eutaw Place

SEP 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1934 to Sept 2, 1934

I last saw her alive on Sept 2, 1934 Death is said to have occurred on the date stated above, at 11 44 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	2 mo ago
Wrenic Infarct of Lung.	Sept. 1
Other contributory causes of importance: Cholecystitis Lithiasis	over 2

Name of operation No Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Ziegler M. D.

(Address) Women's Hospital Baltimore, Md.

INFORMATION should be carefully supplied. Any [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04483

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Eastern St. 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Kilson

(a) Residence: No. 636 Eastern St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edna Kilson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edna Kilson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date Sept 1934

19. UNDERTAKER Walter B Riggs

(Address) 1522 Hamburg St

20. FILED 1934 Huntington, Williamsburg, Md

SEP 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1934 to Aug 31 1934

I last saw h alive on Aug 31 1934. Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Toxemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Stamps Kins M. D.

(Address) 501 N Hamburg St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 168-9 F. 04484

F 04484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura A. Stevens.

(a) Residence: No. 112 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	MARRIED

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of George W Patterson

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 Yrs.	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City of Baltimore

FATHER

13. NAME John W. Brutsel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Nelson

16. BIRTHPLACE (city or town) (State or country) Ellicott City Howard Co. Md.

17. INFORMANT Ellie Robinson

(Address) 1215 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 5, 1934

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED SEP 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1934 to Aug 31, 1934

I last saw her alive on Aug 29, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Chronic Nephritis.

Date of onset

Other contributory causes of importance:

Anemia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Wenneker, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04485

CERTIFICATE OF DEATH

210-001-

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Loyd Franklin Hayman

(a) Residence: No. 4711 Grindal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John L. Hayman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Shank ?

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT John L. Hayman
(Address) 4711 Grindal Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date Sept 5th 1934

19. UNDERTAKER Josiah Sykes
(Address) 1108 or 1110 W. Lafayette Ave

FILED SEP 4 - 1934 Huntington Hollins, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Augm, 19..., to ..., 19...

I last saw h. alive on Augm, 19... Death is said to have occurred on the date stated above at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/3, 1934

Where did injury occur? Harford Rd & Kaleyan Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding struck a safety pole

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Loyd Pokorny M. D.
Coroner

(Address) 2202 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

F 64486

F 64486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Hosp. St., 8-01 Ward)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Schade

(a) Residence: No. 2917 Eichman Ave (Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Schade

6. DATE OF BIRTH (month, day, year) 10-15-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Frank Schumacher

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Jno. H. Eisele

(Address) 2917 Eichman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 9-5 1934

19. UNDERTAKER Albert J. Hilt Jr

(Address) 1606 N. Charles Street

20. FILED 1934 Registrar

SEP 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1934

22. I HEREBY CERTIFY That I attended deceased from May 9, 1934 to Sept 2, 1934

I last saw h[illegible] alive on Sept 2, 1934 Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma C metastases to brain	1930

Other contributory causes of importance:

Fracture of femur (Sept) Pathological

new fracture necessary

Name of operation: Otto Reinhardt MD Date of

What test confirmed diagnosis: Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton R. Steyer M. D.

(Address) 1213 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 04487

HEALTH DEPARTMENT—CITY OF BALTIMORE

04487

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Patterson Pk Ave) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Hulget

(a) Residence: No. 137 N. Patterson Pk Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George M. Hulget

6. DATE OF BIRTH (month, day, year): April 4 1856

7. AGE: Years: 78 | Months: 4 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Eichorn

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs Annie Holste.

(Address) 137 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 6 1934

19. UNDERTAKER: J J Feemans Son

(Address) 32 S. Broadway

Sept 4 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 3 1934

I last saw her alive on Sept 2 1934 Death is said to have occurred on the date stated above, at 2'5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/25/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R Kelly Hemming M. D.

(Address) 2000 Hollins St

Information should be carefully explained. Write plainly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 04488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Thirty-third St., 13-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Bernard Reynolds

(a) Residence: No. 3731 Roland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Helen Reynolds

6. DATE OF BIRTH (month, day, year) July 12, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James J. Reynolds

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Meehan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Helen Reynolds

(Address) 3731 Roland Ave. City

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept. 6 19 34

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

FILED SEP 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1934 to Sept 3, 1934

I last saw h/m alive on Sept. 3, 1934 Death is said to have occurred on the date stated above, at 11:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, Left lower	8/29/34
Other contributory causes of importance:	
Alcoholism, acute	8/28/34

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles A. Cosley, M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 04489 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04489

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Blankstow

(a) Residence: No. 703 W. Fairmount St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Katherine Blankston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 4, 19 34

19. UNDERTAKER .....
(Address)

20. FILED SEP 4 - 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Ate Lectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Zeller M. D.
Coroner
(Address) 2139 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 04490

F 04490 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hosp Balto Md 14 01 Registered No. .....
CITY OF BALTIMORE: (No.) ..... St., ... (Ward) ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leroy Williams
(a) Residence: No. Stemmers Run Md St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER
13. NAME Paul Boston
14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER
15. MAIDEN NAME Estella Williams
16. BIRTHPLACE (city or town) Stemmers Run Md
(State or country)

17. INFORMANT Provident Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial of Md Date Sept 4 1934

19. UNDERTAKER .....
(Address)

FILED SEP 4 1934 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....
I last saw h..... alive on ..... 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: Date of onset

Enteritis.

Other contributory causes of importance:
was 7 month child
Mother said to him
had Syphilis

Name of ..... Was there an autopsy?
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Glick Coroner, M. D.
(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

04491 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE04491

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 4 Prat Harbor 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rasberry Lance

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Potters Field Date Sept 4, 1934

19. UNDERTAKER

(Address)

(Signed) ..... Registrar

SEP 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	Sudden

Other contributory causes of importance: Cirrhosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 8-25-1934

Where did injury occur? Pier 4 Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harbor

Manner of injury Fell — water

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Fenton Coroner, M. D.

(Address) Tove Chapel

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 04492 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04492

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

Length of residence In city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Sidney Jarrett

(a) Residence: No. 35 Frederick St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Unknown

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
43	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 4 , 19 34

19. UNDERTAKER .....
(Address)

SEP 4 - 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:50P m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hemorrhage from
Ruptured Gastric Ulcer

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, Specify .....

(Signed) C. W. Herzog M.D. M. D.
Coroner

(Address) 1305 Patterson Park

Spec.—9-30—A. & Co.—250 Bks.

F 04493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 623 Mosher ST. 14-01 WARD)

2-FULL NAME Thos. Wright

(a) RESIDENCE NO. 623 Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hauling
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Penna U.S.

PARENTS

10 NAME OF FATHER Dan Wright
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania
12 MAIDEN NAME OF MOTHER Dont Know
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Thos Wright Son
(Address) 623 Mosher St

15 Filed SEP 4 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1 37

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1937, to Sept. 1, 1937
that I last saw him alive on Sept. 1, 1937
and that death occurred, on the date stated above, at 12 M.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(duration) yrs. mos. ds.
CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) R D Kalenian M. D.
9/2, 1937 (Address) 1112 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md — DATE OF BURIAL: Sept 4 1937

20 UNDERTAKER [illegible] — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 04494

HEALTH DEPARTMENT—CITY OF BALTIMORE

04494

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Walnut Ave. St. 27-01 Ward)
Mt. Washington

Length of residence in city or town where death occurred 65 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie F. Meagher

(a) Residence: No. 1810 Walnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Meagher

6. DATE OF BIRTH (month, day, year) Sept. 30, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hugh Coleman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Crosby

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Lorretto Meagher
(Address) 1810 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 9/5/34 19

19. UNDERTAKER Henry G. Weaver & Bro.
(Address) 1305 W. Baltimore St.

20. FILED Sept 4 1934 Clyde Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 . 1933 to Sept 3 . 1934
I last saw h... alive on Sept 3 . 1934. Death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Myocarditis

Other contributory causes of importance:

Senility

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Charles J. Reedy M. D.

(Address) 5276 Park Heights Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04495

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 20 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Haug

(a) Residence: No. 611 S. Bayard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katie Haug

6. DATE OF BIRTH (month, day, year) Jan. 23-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 615

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. U.S.

FATHER

13. NAME Jacob Haug

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bartag

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Katie Haug

(Address) 7211 Christian St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cemetery Date Sept. 6, 1934

19. UNDERTAKER George E. Lehnert

(Address) 2101 Pennsylvania Ave.

20. FILED Sept 4-1934 Herman Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1934 to Sept. 3, 1934

I last saw him alive on 9/3, 1934 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/31/34

Other contributory causes of importance:

Cerebral Hemorrhage	1933
Arteriosclerotic Heart Disease	
Hypertension.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Feldglove, M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S

Spec.—9-30—A. & Co.—250 Blks.

F 04496

04496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1213 E. Lexington St. 5-01 WARD)

2 FULL NAME Benjamin Howard Jackson

(a) RESIDENCE NO. 1213 E. Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	widowed

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Bertha Hall Jackson

6 DATE OF BIRTH (month, day, and year) 3/29/02

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel H. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) James C. Jackson 533 N. Central Ave

15 Filed ..... 19 ..... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2-34

17 I HEREBY CERTIFY, That I attended deceased from 8/23, 1934, to 9/2, 1934

that I last saw HIM alive on 9/2, 1934

and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wayne Browne M. D.

19 (Address) 1500 E. Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbury Cemetery DATE OF BURIAL Sept 5 1934

20 UNDERTAKER Robert L. Young ADDRESS 804 N. Carolina

SEP 4-1934

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04497

04497

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street) 4-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Young

(a) Residence: No. 203 N. Fremont Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md

MOTHER

13. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lewis Young (Address) 203 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Pk Cem. Date Sept 6, 1934

19. UNDERTAKER Geo. W. Little (Address) 2100 Edmondson Ave

Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3 - 34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Revolver wound of head	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9-3, 1934

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Revolver wd of head

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene Feller M. D. Coroner

(Address) 2739 Eastern Ave

P 4 - 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04498

HEALTH DEPARTMENT—CITY OF BALTIMORE

04498

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH Maryland Gen Hosp

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marian Jaeger

(a) Residence: No. 1607 E 33 st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wallace H Jaeger

6. DATE OF BIRTH (month, day, year) June 19, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry Callen

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sara Baum

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 6 1934

19. UNDERTAKER Geo M Little
(Address) 2709 Edmondson Ave

21. FILED Sept 4-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-16-1 1934 to 9-4 1934

I last saw h[illegible] alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromyoma Uterus	2 yrs

Other contributory causes of importance:

Cardiac Failure

Name of operation Hysterectomy Date of 8/18/34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 04499 F 04499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2701 Fait Ave St., 1-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bronislaw Benjiman Koryto

(a) Residence: No. 2701 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Div.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Walter Koryto

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Warpas

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Walter Koryto
(Address) 2701 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept. 5 1934

19. UNDERTAKER H. Orzechowski
(Address) 1730 Eastern Ave

FILED Sept. 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1934 to Sep. 2, 1934

I last saw him alive on Sep. 1st 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho Pneumonia	Aug. 15, 34
Other contributory causes of importance: Acute Dilitation of Heart	Aug. 25, 34

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Morris J. Steinberg M. D.

(Address) 6016 Eastern Ave

SEP 5 - 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. Form 9-

F 04500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04500

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 McKean St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Grace M Jones

(a) Residence: No. 1705 McKean St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 7 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Michaels Md

FATHER

13. NAME Otho B Jones

14. BIRTHPLACE (city or town) (State or country) St Michaels Md

MOTHER

15. MAIDEN NAME Laura Marshall

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Otho B Jones

(Address) 1705 McKean ave

18. ~~BURIAL, CREMATION,~~ OR REMOVAL

Place St Michaels Md Date 1/6 1934

19. UNDERTAKER William Cook

(Address) 712 St Paul St

FILED. Time 8:45 Registrar.

SEP

MEDICAL CERTIFICATE OF DEATH

20

21. DATE OF DEATH (month, day, year) Sept 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to Sept 3 1934

that I last saw her alive on Sept 3 1934 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Carcinomatosis	6/6/34
Carcinoma of breast (left)	9/26/33
Pulmonary Embolism	9/1/34

Other contributory causes of Importance

Name of operation Radical Breast Date of 9/28/33

What tests to confirm diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James A Kotzenberger M. D.

(Address) 721 Medical Arts

Information called for in this report is required by law. Good health depends upon it. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 04501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04501

CERTIFICATE OF DEATH

V 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 8-0 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Gosker Sr.

(a) Residence: No. 1239 N. Decker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Gosker

6. DATE OF BIRTH (month, day, year) June 15, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Welsh Construction Co

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Christian

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Anne Spiellman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, REMOVAL

Place Crematorium Date Sept 6 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1934 to Sept 4 1934

I last saw h... alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 10 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	?
Congestive Failure	

Other contributory causes of importance:

Senility

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel M. D.

(Address) Balt City Hosp.

SEP 5 ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268

F 04502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04502

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. Life mos. ....da. How long in U. S. If of foreign birth? ....yrs. .... mos. .... da.

2. FULL NAME John E. Hamilton

(a) Residence: No. 933 N. Dallas St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Sept. 15, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	11	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John A. Hamilton

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Faith Yingling

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mrs Faith Hamilton

(Address) 933 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9/6 1934

19. UNDERTAKER William Cook

(Address) 1217 E. Saratoga St

SEP 5 - [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5-41 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	???
Occlusion of rt coronary artery	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 5086 Woodbourne

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04503

04503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Fremont Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Stephens.

(a) Residence: No. 719 N. Fremont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Stephens

6. DATE OF BIRTH (month, day, year): Nov. 26, 1881

7. AGE: Years 53 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mover

10. Date deceased last worked at this occupation (month and year): 3 yrs

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. City

FATHER

13. NAME: Isaac Stephens

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Fey. Mohamb

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Stephens

(Address) 719 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Date Sept 5, 1934

19. UNDERTAKER: Bernard P. Berkeley

(Address) 818 Druid Hill ave.

20. FILED SEP 5 1934, (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1/34, 19, to 9/4/34, 19

I last saw him alive on 9/4/34, 19, Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 9/1/34

Other contributory causes of importance: Heart trouble - Senility

Name of operation: None — Date of

What test confirmed diagnosis: Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Heart trouble

(Signed) [illegible] M. D.

(Address) [illegible]

Fill in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 04504

E 04504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Caton Ave & Edgewood St. 19-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm William W. ~~Hofman~~ HOFMANN

(a) Residence: No. 1829 Eagle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 21 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas F. Hofmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Angelina Galvi.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Chas. F. Hofmann
(Address) 1829 Eagle St

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 9-8th 34

19. UNDERTAKER E & B Harden
(Address) 1600 E Baca St

20. FILED 19 Huntington Williams, Registrar

SEP 5 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1934 to 9-4 1934
I last saw h~~e~~ alive on 9-4 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease & Mitral & Aortic insufficiency & Stenosis
Pulmonary edema & infarct in L lower lobe.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas G Jackson M. D.
(Address) St Agnes Hosp

Be sure information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 04505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04505

CERTIFICATE OF DEATH

X 46

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St., 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Nellie Cj. Wade

(a) Residence: No. Ridge Ave. Catonsville, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar L. Wade

6. DATE OF BIRTH (month, day, year): Oct 29/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9 10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House - wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 0-37

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mr Edgar L. Wade

(Address): Ridge Ave Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Sept 5, 1934

19. UNDERTAKER: John F. Denny

(Address): 75 Light St

20. FILED ..., 19... Registrar

SEP 5 - 1934

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-3-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1934 to 9-3, 1934

I last saw h[illegible] alive on 9-3, 1934. Death is said to have occurred on the date stated above, at 5-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?
Cachexia	9-1-33
Secondary Anemia	"

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? ...

(Signed) Carl G Weber M. D.

(Address) 24 Douglas Road

v 93

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04506

F 04506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-A Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Dorn (DORN)

(a) Residence: No. 2218 Cecil Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Tierney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Daughtry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Green Cathedral Cem Date 9-7 1934

19. UNDERTAKER Leonard Funk
(Address) 1305 Pennsylvania Ave Hunting on Williams, N.J.

20. SEP 5 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1934 to Sept 7 1934

I last saw her alive on Sept 7 1934. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, left	3 wks
Hemiplegia, right	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dr Magill M. D.
(Address) Balt City Hosp

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F M P 1507

F 04507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 16-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 91 yrs. — mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Susan Michael (Michael)

(a) Residence: No. 2413 W Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Capt. Jacob R. Michael

6. DATE OF BIRTH (month, day, year): Aug. 14, 1843

7. AGE: Years 91 | Months 0 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Jacob Hanna

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Julia Amey

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Sept 1, 1934

19. UNDERTAKER: Wm J. Tickner & Son

(Address): Wilkens & Pulaski Ave.

SEP 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1934 to Sept 4, 1934

I last saw her alive on Sept 4, 1934. Death is said to have occurred on the date stated above, at 10-34 Am.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis — Date of onset 8/20

Other contributory causes of importance:

Umbilical hernia

Name of operation: Appendectomy, Plastic Date of 8/24/34

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Barnaby M. D.

(Address) Maryland General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268-9

F 04508

F 04508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 15-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene A. Lankford

(a) Residence: No. 3703 Yosemite Ave. City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
✓ HUSBAND of (or) WIFE of Lydia Coulbourne Lankford

6. DATE OF BIRTH (month, day, year) Sept. 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-17-33

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

FATHER

13. NAME Joseph W. Lankford

14. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

MOTHER

15. MAIDEN NAME Agnes Garrison

16. BIRTHPLACE (city or town) (State or country) Yonkers New York

17. INFORMANT (Address) Records, U. S. Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION OR REMOVAL Somerset Co.
Place Marion, Md. Date Sept. 6, 1934

19. UNDERTAKER Wm. J. Tuckey & Son
(Address) North & Paca Sts.

SEP 5 - 1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934 to September 4, 1934

I last saw him alive on September 4, 1934 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Unknown
Other contributory causes of importance:	
Thrombosis of coronary arteries	7-13-34
Emphysema, pulmonary	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arm Gordon M. D.

(Address) U.S. Marine Hospital, Balto., Md.

V 53

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 04509

F 04509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1317 James St. 21-al (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. last mo. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma G. Douthiert

(a) Residence: No. 1317 James St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of John J Douthiert Sr.

6. DATE OF BIRTH (month, day, year) May 5, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Richmond County Va.

FATHER

13. NAME William Davis.

14. BIRTHPLACE (city or town) (State or country) Richmond County, Va.

MOTHER

15. MAIDEN NAME Mrs Fiddler

16. BIRTHPLACE (city or town) (State or country) Richmond County, Va

17. INFORMANT Husband.

(Address) 1317 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 6 1934

19. UNDERTAKER Wm J. Tuchfarber & Son

(Address) Mark the Spot

20. SEP 5 • 1934 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from November 6 . 1933 to Sept 4 . 1934

I last saw her alive on Sept 4 . 1934 Death is said to have occurred on the date stated above, at 910A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of the Body of the Uterus	Aug 1933
Metastasis to Right Lung	Aug 1934

Other contributory causes of importance:

Hypertension	Indefinite
Obesity	Indefinite

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Deckert, M. D.

(Address) 1123 St. Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. B 1268-9

E 04510 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04510

CERTIFICATE OF DEATH

167V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Wm. Ambrose Burgan

(a) Residence: No. 1621 Corsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27/1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John J. Burgan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine P. Krause

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John J. Burgan
(Address) 1629 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery. Date Sept. 7. 1934

19. UNDERTAKER Henry Storck Sons Inc
(Address) 1601 E Eager St

20. FILED SEP 5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 .... to ....., 19 ....

I last saw h alive on ....., 19 .... Death is said to have occurred on the date stated above, at 10.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound above right ear	
Intracranial Hemorrhage	9/4/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 9/4/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in bedroom of home

Manner of injury as above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. H. Owen M. D.
Coroner

(Address) 1086 Ennis Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04511

HEALTH DEPARTMENT CITY OF BALTIMORE

F 04511

CERTIFICATE OF DEATH

161-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 W Mulberry St., 19-01 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Infant of Herbert & Zena Smithwick

(a) Residence: No. 1623 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/20/34

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	—	—	13 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Herbert Smithwick

14. BIRTHPLACE (city or town) (State or country) N-C.

MOTHER

15. MAIDEN NAME Zena Bannister

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Zena Smithwick
(Address) 1623 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Aug 5th 1934

19. UNDERTAKER Harold H. Rose Funeral Home
(Address) 38 N. Gilmor

20. FILED SEP 5 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/1934

22. I HEREBY CERTIFY, That I attended deceased from 8/25/1934 to 9/3/1934

I last saw her alive on 9/1/1934 death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	8/25/34
Obstruction of Bile Ducts	8/20/34

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Jury Bowley M. D.

(Address) 529 N. Carrollton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 04512

F 04512 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Mount St. St. 15-al Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hill

(a) Residence: No. 1720 Mount St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mr. George Moss 1720 Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Sept 5th 1934 By

19. UNDERTAKER (Address) Mrs. Alfred Ellis Daughter 1129 Hanover St.

20. FILED ... 19... Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Inquiry 19... Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Emoblism	Sept 2 1934

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Joseph L. Valentine M.D. Coroner

(Address) 1650 Edgerley

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 8 1934

M. D. F. 04513 F 04513

28285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V45

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ____ St., 12-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Babbitt

(a) Residence: No. 424 E 22½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha

6. DATE OF BIRTH (month, day, year): 6-20-82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Car

FATHER

13. NAME: Louis Babbitt

14. BIRTHPLACE (city or town) (State or country): N. Car

MOTHER

15. MAIDEN NAME: ?, ?,

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Sept 6th 1934

19. UNDERTAKER: Mrs. Robert A. Elliott Daughter
(Address) 429 Carolina St.

(Filed) SEP 5 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 27 1934 to Sept 2, 1934
I last saw him alive on Sept 2, 1934. Death is said to have occurred on the date stated above, at 10:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the tongue	?
Postoperative bronchopneumonia	8/30/34

Other contributory causes of importance:

Name of operation: Cerebellar exploration Date of 8/28/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. G. Bradford, M. D.
(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 5-1934 Huntington Station, N.Y.

M. D. F. 1268-9

F 04514 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04514

CERTIFICATE OF DEATH

46V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S. Bond Street St. 3-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Ida Sollod

(a) Residence: No. 23 S. Bond Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman F.

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76.	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mr Enoch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mrs Enoch

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs A. Sollod

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pikesville Woodlawn Date 9/5/34 19

19. UNDERTAKER [illegible]

(Address)

20. FILED 9/5/34 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7 1934 to Sept 4 1934

I last saw her alive on 9/4 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?

Other contributory causes of importance:

Cardiac failure due to Metastatical manifestations

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Muller M. D.

(Address) 1228 N. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FP 5 - 193

F 04515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04515

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3027 Oakley Ave. St. 27th Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Bilson

(a) Residence: No. 3027 Oakley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry P. Bilson

6. DATE OF BIRTH (month, day, year) May-27.1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Norris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edna B. Noel

(Address) 3201 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 5.1934

19. UNDERTAKER Wm. O. Mitchell & Sons Inc.

(Address) 1900 Eutaw Place.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3.1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23/34, 1934 to Sept 3/34, 19..

I last saw h[illegible] alive on Sept 2/34, 19.. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Myocarditis	about 1 mo. duration
Other contributory causes of importance:	
arteriosclerosis	1928

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter Stubbert M. D.

(Address) 2220 Garrison Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 5-1934

M. D. Publishing Co. F 04516

F 04516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Elliott St. 76-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Phillips

(a) Residence: No. 3413 Elliott St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Phillips

6. DATE OF BIRTH (month, day, year) Nov 24-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Copper - Refiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Phillips

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Phillips

(Address) 3413 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 6 1934

19. UNDERTAKER George W. Zirkin

(Address) 1737 E Eager St

20. FILED SEP 6 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1934 to Sept 4 1934

I last saw ... alive on Sept 4 1934. Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Other contributory causes of importance: Cerebral Hemorrhage	Aug 28 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Horace B Jiglow M. D.

(Address) 34 S. Angelandsave

Information should be carefully supplied. Any omission or error may delay burial certificate. Please write plainly and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04517

CERTIFICATE OF DEATH

V 92-001

Registered No.

1. PLACE OF DEATH — Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — James Hersl

(a) Residence: No. 2403 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Sep15/1873

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	6	11	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Balto. Valve Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — Anton Hersl

14. BIRTHPLACE (city or town) (State or country) — Bohemia

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — W

17. INFORMANT — Catherine Hersl (wife)
(Address) 2403 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 7. 1934

19. UNDERTAKER — George W. Zirkle
(Address) 1730 E Eager St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cardiac Valvular Insufficiency	
(History- Mitral)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 508 E Fayette St

Use OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1368-a

F 04518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04518

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Baker St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Johnson

(a) Residence: No. 510 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Julia Johnson

6. DATE OF BIRTH (month, day, year) August 4, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road work 040

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 9 months

12. BIRTHPLACE (city or town) (State or country) Dinwiddie County, Virginia

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lucy Graves

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Julia Johnson

(Address) 510 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Carson. Va. Date Sept 5, 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED SEP 5 - 1934 Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Sept 2, 1934

I last saw him alive on Sept 2, 1934 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	one wk ago

Other contributory causes of importance:

Gastroenteritis	1 month

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) McDonald Bando M. D.

(Address) 2445 Druid Hill Ave

M. D. B. 1268-a

F 04519

F 04519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Carey St., 16-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Clay Waller

(a) Residence: No. 916 N. Carey St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 16 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Middleburg Va.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Mattie L

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Coit L. Grant
(Address) 916 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 5, 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 130 Presstman St

20. FILED Sept 5 1934 Reg.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Sept 3, 1934

I last saw him alive on Sept. 2, 1934, Death is said to have occurred on the date stated above, at 3:22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia.	8/26/34

Other contributory causes of importance:

Tonsillar abscess Vulor.	8/30.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. H. Pilford M. D.

(Address) 1536 W. Lafayette St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04520

M F 04520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Wesley Schaeffer

(a) Residence: No. 4008 Park Hts Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 1, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Charles A Schaeffer Sr

14. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

MOTHER

15. MAIDEN NAME Hilda Baker

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Charles A. Schaeffer

(Address) 4008 Park Hts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 5 1934

19. UNDERTAKER Towell & Biers

(Address) 2824 Edmondson Ave

Huntington Williams, M.D.

SEP 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ngny 19.. to 19..

I last saw h..... alive on ngny 19.. Death is said to have occurred on the date stated above, at 1.5 A m.

The principal cause of death and related causes of importance were as follows:

Ruptured Spleen — Date of onset

Hemorrhage.

Other contributory causes of importance:

Automobile Accident

Name of operation Laparotomy Date of 9/1/34

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/1 1934

Where did injury occur? Park Hts & Shirley Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2108

04521

HEALTH DEPARTMENT—CITY OF BALTIMORE

04521

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1128 Poplar Grove St. Ward) 16-01

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry N. Yeager

(a) Residence: No. 1128 Poplar Grove St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Rose Yeager

6. DATE OF BIRTH (month, day, year) dec. 16 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardener

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uckeridge md

MOTHER FATHER

13. NAME Wm. J Yeager

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMANT Miss Sallie Yeager

(Address) 1128 Poplar Grove st

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/6/ 1934

W & B - running 50

19. UNDERTAKER Eckard & Brauning

(Address) 1136 Poplar Grove St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, to Sept 3 1934

I last saw him alive on Sept 3 1934 death is said to have occurred on the date stated above, at 3:0 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease	?
Other contributory causes of importance: Pulmonary Edema	9/1/34
Uremia	9/1/

Name of operation — Date of

What test confirmed diagnosis Exam Was there an autopsy? N.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N. If so, specify

(Signed) Thorden F. Stacy M. D.

(Address) 401 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-3

04522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04522

50

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Cold Spring Lane Ward) 27-01

Length of residence in city or town where death occurred 84 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? 84 yrs. 4 mos. 27 ds.

2. FULL NAME Emma Thomas Miller

(a) Residence: No. 600 Cold Spring Lane St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — BUSBAND of (or) WIFE of: William T. Miller

6. DATE OF BIRTH (month, day, year): April 8 1856

7. AGE — Years: 84 | Months: 4 | Days: 27 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: Edw. L. Thomas

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Susanah Adreon

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Mrs. J. Lemon Williams

(Address) 600 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Hill Date: Sept 6 1934

19. UNDERTAKER: Stewart Mortuary Co.

(Address) 1911 Park Ave.

Filed SEP 5 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year): Sept - 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1934 to Sept - 4 1934

I last saw her alive on Sept - 4 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast (left) Metastases to Liver — Her family physicians were out of town and Patient only lived one hour after my arrival	1927

Other contributory causes of importance:

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04523

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 822 W. Fairmont Ave. (Ward) 18-A

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henson Cole

(a) Residence: No. 822 W. Fairmont St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. 4. Color or Race: Colored. 5. Single, Married, Widowed, or Divorced (write the word): Widower.

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Susan Cole

6. DATE OF BIRTH (month, day, year): 2/19/854.

7. AGE: Years: 80; Months: 6; Days: 14; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Labor.

10. Date deceased last worked at this occupation (month, day, year): July 1934

11. Total time (years) spent in this occupation: 65

12. BIRTHPLACE (City or town) (State or country): Carroll Co Md

FATHER

13. NAME: Christopher Cole

14. BIRTHPLACE (City or town) (State or country): Carroll Co Md

MOTHER

15. MAIDEN NAME: Serena Myers.

16. BIRTHPLACE (City or town) (State or country): Carroll Co Md

17. INFORMANT: Lillian Harrison

(Address) 822 W. Fairmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 6, 1934

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED SEP 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/3/34

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10th 34 to Sept 3rd 34

I last saw him alive on Sept 3rd 34 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset 9/1/34

with Myocarditis

Other contributory causes of importance:

Senility

Name of operation: None — Date of

What test confirmed diagnosis: Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Guyer M. D.

(Address) 622 N. Arlington Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 04524

F 04521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. 15-84

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary E. Weaver

(a) Residence: No. 4502 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Wm. Hanson

6. DATE OF BIRTH (month, day, year) Nov. 6-1861.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Hanson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. A. Rieter

(Address) 4502 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 7 1934

19. UNDERTAKER Peterson Lemmon

(Address) 4411 Pa. Ave.

(Filed) SEP 5 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Inquiry . 19 . Death is said to have occurred on the date stated above, at 11.35 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative myo-cardial insufficiency.	Sep 4 1934
Other contributory causes of importance:	
Accidental fall. Fracture of right femur	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident of injury July 17-1934

Where did injury occur? At Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Fell down steps

Nature of injury Fractured leg.

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Jos. L. Holton M. D.
Coroner

(Address) 16 South Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

F 04525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04525

CERTIFICATE OF DEATH

210-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., (or) Co. Hosp. Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vivian E Thomas
(a) Residence: No. 509 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 19, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John Thomas
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER
15. MAIDEN NAME Elaine Thomas
16. BIRTHPLACE (city or town) (State or country) Balto - Md.

17. INFORMANT Mrs. Cane Thomas
(Address) 509 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 9/7 . 1934

19. UNDERTAKER Frances A Beasley
(Address) 1210 W. Biddle St.

20. FILED SEP 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from injury . 19 . to . 19 .
I last saw him alive on Sept 4 19 34 . Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Antemortem Accident	✓

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/4 . 1934
Where did injury occur? Philadelphia Rd Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto he was riding
Nature of injury in Dam St road + upset

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph O'Leary Coroner . M. D.
(Address) 2205 E Madison St

A4Co. 5-31 2508

04526 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04526

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1120 N Stockton St

CITY OF BALTIMORE: (No. 1120 N Stockton St., 16th Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josiah o Joshep Ross.

(a) Residence: No. 1120 N. Stockton St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Ross.

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME James Ross
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Maria Lee
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Ross (Address) 1120 N. Stockton st

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date Sept 6 1934

19. UNDERTAKER V. A. Brooks (Address) 1463 N. Carey St.

Sep 5 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934 to Sept 3 1934

I last saw h[illegible] alive on Sept 3 1934 death is said to have occurred on the date stated above, at 5.45 p m

The principal cause of death and related causes of importance were as follows:

Intestinal Hydrates — Date of onset July 10
Complicating Cirrhosis
Malignancy

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Thos E Stewart M. D.

(Address) 704 W. Lafayette Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 04527

HEALTH DEPARTMENT—CITY OF BALTIMORE

04527

CERTIFICATE OF DEATH

13-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ogden Lane Hospital

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helen Grose

(a) Residence: No. 510 Parkin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Delman Grose

14. BIRTHPLACE (city or town) (State or country) West Rive[illegible] Md.

MOTHER

15. MAIDEN NAME Agnes Thomas

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT (Address) Agnes Thomas (mother) 510 Parkin St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Sept 6, 1934

19. UNDERTAKER (Address) Mrs Katie R. Williams 322 N. Stricker St

Filed 19 Registrar.

SEP 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1934, to Sept 4th, 1934

I last saw her alive on Sept 4th, 1934 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery

Myocardial Insufficiency

Date of onset 8/16/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) Samuel C. Bogard M. D.

(Address) Ogden Lane Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04528

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 469 So. Augusta Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Walton

(a) Residence: No. 469 So. Augusta Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie M. Walton

6. DATE OF BIRTH (month, day, year) Mar. 1-1861.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Francis Walton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. William F. Walton

(Address) 469 So. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/6/ ..... Undertaker

19. UNDERTAKER John J. Conaw & Son

(Address) 941 Gaitor Ave.

..... Registrar

FILED SE 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19.... Death is said to have occurred on the date stated above, at 11.20 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Sudden

Other contributory causes of importance:

Cardiac shock due to accident.

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 4, 1934

Where did injury occur? Baltimore, Maryland. (Specify city or town, county, and State)

Specify whether injnry occurred in industry, in home, or in public place At home

Manner of injury Fall from roof.

Nature of injury Fracture of lower jaw and (over)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

OCCUPATION is very important. See instructions on back of certificate

M. D. P. 1268-9

✓ F 04529

F 04529 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 6-C Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Manner
(a) Residence: No. 2900 E. Baltimore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	~~married~~ Widow

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of Louis Manner.

6. DATE OF BIRTH (month, day, year) 4-5-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewoman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore,

FATHER
13. NAME Frederick Schneider
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Ursula Metz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Hemmiller
(Address) 2 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 6th 1934

19. UNDERTAKER Geo M. Frick & Son
(Address) 811 N. Eutaw St

Filed SEP 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 3 1934.
I last saw h[illegible] alive on Sept 3 1934 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured diverticulum of Sigmoid Colon. Generalized Peritonitis.	Sept 2 '34
Other contributory causes of importance: Diabetes Mellitus & Cerebral Thrombosis.	

Name of operation Laparotomy & drainage Date of Sept 3 '34
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sol Smith M. D.
(Address) Mercy Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1208-9

F 04530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04530

X 107-001

CERTIFICATE OF DEATH

Registered No. ...

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 47-01 Ward)

Length of residence in city or town where death occurred ... yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary (Baby) Schenkel (SCHRENKER) X

(a) Residence: No. Putty Hill Road St., ... Ward. Towson, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 15, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, MD.

MOTHER FATHER

13. NAME Benjamin Schenkel.

14. BIRTHPLACE (city or town) (State or country) Balto County.

MOTHER

15. MAIDEN NAME Mary A. Babb.

16. BIRTHPLACE (city or town) (State or country) Balto County.

17. INFORMANT Mrs. Hoffheimer. (Address) 4 E. Franklyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Sept. 6th, 1934

19. UNDERTAKER Frederick Funeral Home (Address) 7401 Belair Road

FILED ... 19... Registrar

SEP 5 1934 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/3/34. 19 to 9/4/34. 19

I last saw h[illegible] alive on 9/4/34 19 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia primary	8/31/34

Other contributory causes of importance:

Circulatory failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Benjamin F. Hoffheimer M. D.

(Address) Mercy Hospital.

M. D. F. 1208-9 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 04531

F 04531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 N. Fremont St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Blackwell (Bagwell)

(a) Residence: No. 1323 N. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 20, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant. C.M.B.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Bagwell

14. BIRTHPLACE (city or town) (State or country) Hampton, Va.

MOTHER

15. MAIDEN NAME Helen Day

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT (Address) Father 1323 N. Fremont.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 4 . 1934

19. UNDERTAKER
(Address)

..... 19 .....
Registrar.

20. F... 5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from August 20 . 1934 to Sept. 4 . 1934
I last saw him alive on Sept. 3 . 1934 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. Alexander Novey M. D.

(Address) 1516 Madison ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 04532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Henson

(a) Residence: No. 714 Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-27-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Hellman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Doris Henson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Sept 4th 1934

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Brantley Ave

20. FILED ... By ... Registrar.

SEP 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from August 30 1934 to Sept 2 1934.
I last saw her alive on Sept 2 1934. Death is said to have occurred on the date stated above, at 6¹⁵ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, pneumococcus	9-1-34
Other contributory causes of importance:	
Diarrhea and enteritis	8-25-34
Otitis media	8-28-34

Name of operation None Date of ...

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Irvine D Schweitzer M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 04533

F 04533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 Hickory Ave St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Hilberg

(a) Residence: No. 3425 Hickory Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 1- 1870

7. AGE: Years 64 | Months 8 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John C. Hilberg

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary M. Foster

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Ella L. Ruby

(Address) 3425 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Sept. 7- 1934

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. [illegible] 19 [illegible]

Registrar.

SEP 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 4- 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934 to Sept 3 1934

I last saw her alive on Sept 3 1934 Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset Year 1933

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Dare M. D.

(Address) 800 W 33rd St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

✓ F 04534

04534 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N. Ellwood Ave St. 6-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Kitson

(a) Residence: No. 316 N. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) March 6 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) German Town Pa.

FATHER

13. NAME James Kitson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Jane Broadbelt

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Myrtle Nunn Ring Wife

(Address) 316 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Stone Run Md.

Orems M.E. Cemetery. Date Sept 7, 1934

19. UNDERTAKER Elmer W. Conklin

(Address) 224 E. Eager St

20. FILED Sept 5 1934 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 4, 1934

I last saw h[illegible] alive on Sept 4, 1934 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Nephritis	

Other contributory causes of importance:

Acute Uremia	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Homaker M. D.

(Address) 733 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 04535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04535

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E. Chase St. 10-01 Ward)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin J. Egan

(a) Residence: No. 920 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Nov. 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin Egan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Joseph Egan Brother
(Address) 920 E Chase St.

18. BURIAL, CREMATION, OR REMOVAL Loys Md.
Place St Joseph Cem Date Sept. 7, 1934

19. UNDERTAKER Edgar D. Conklin
(Address) 922 E. Lexington St.

FILED SEP 5-1934 Huntington Williams
Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4th. 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1235 m

The principal cause of death and related causes of importance were as follows:

Probably Apoplexy

(Cause undetermined)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Egan Coroner, M. D.

(Address) 506 E Monument

Spec.—1-10-21—MAT—1500 Blks.

E 04536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04536

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Independence St. 4-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine E. Dawson

(a) RESIDENCE NO. 3103 Independence ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Dawson

6 DATE OF BIRTH (month, day, and year): Oct. 5 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Joseph F. Gessner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Anna M. Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Benjamin Dawson

(Address): W. Jackson Va.

15 9-5-1934 Huntington Williams Virginia

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 3 1934

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to Sept 3, 1934,

that I last saw her alive on Sept 3, 1934,

and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Acute Bacterial Endocardi

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel Rohrer M. D.

, 19 (Address) 1331 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem.

DATE OF BURIAL: 9/6/ 1934

20 UNDERTAKER: Stephen J. Faulkner Inc

ADDRESS: 1000 S. Kenwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

F 04537

HEALTH DEPARTMENT—CITY OF BALTIMORE

04537

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 76-64 Ward)

Length of residence in city or town where death occurred 78(?) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bahlman

(a) Residence: No. Baltimore City Hosp. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1856 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9/5 1934

19. UNDERTAKER J. J. Fraley Sons
(Address) 1318 Eutaw St

20. FILED 9-5-1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1929 to Sept. 1. 1934

I last saw h alive on Sept. 1 1934 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Sept. 1

Other contributory causes of importance:

Senility	?
Arteriosclerosis	?
Senile psychosis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry C. Adams M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 04538

F 04538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (To.) 5-01

CITY OF BALTIMORE: (No. ... St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Barnes

(a) Residence: No. Central ave. & Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Henry Barnes

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Lucy Wallace

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9/5 34

19. UNDERTAKER J. J. Fahey Son

(Address) 1318 Light St

20. FILED ... Huntington Williams, Registrar

9-5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3 34

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to Sept. 3 1934

I last saw him alive on Sept. 3 1934. Death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1934
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) M. W. Jacobson M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04539

HEALTH DEPARTMENT—CITY OF BALTIMORE

04539

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allen Brown

(a) Residence: No. Sykesville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	N	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Barbara Brown

6. DATE OF BIRTH (month, day, year) June 19 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 8/45 34

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Eldon C. Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Boyle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sykesville Md Rfd

(Address) Sykesville

18. BURIAL, CREMATION, OR REMOVAL Sykesville Md Date Sept 6 1934

19. UNDERTAKER Hess & Dawson

(Address) Sykesville Md

Huntington Williams M.D.

Registrar.

SEP 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1934 to Sep. 5, 1934

I last saw him alive on Sep. 5 1934 Death is said to have occurred on the date stated above, at 1130 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Unknown

Other contributory causes of importance:

Hemorrhage from Large Tuberculosis ulcer of Cecum.	9 Days

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Jos Aulman M. D.

(Address) West Baltimore Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 04540

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 04540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto. Eye Ear & Throat Hosp. 15-01 WARD)

CITY OF BALTIMORE: NO. 1214 Eutaw Pl. ST.

2-FULL NAME Peggy Ann Goldstone

(a) RESIDENCE NO. 2620 Forest Park Ave ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	0	11	12.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Emanuel Goldstone

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Gerty Friedenthal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Emanuel Goldstone 2620 W Forest Park Ave

15 Filed [illegible], Registrar

5-1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-5 1934

17 I HEREBY CERTIFY, That I attended deceased from 9-4, 1934, to 9-5, 1934, that I last saw h[illegible] alive on 9-5, 1934, and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cavernous sinus thrombosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Septal Abscess & sinusitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home 2620 Forest Park Ave

Did an operation precede death? Yes Date of 9-4-34

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jerome snyder, M. D.

19 (Address) 1214 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hars' Nei Cemetery

DATE OF BURIAL 9/7/34

20 UNDERTAKER J. Aherns & Co

ADDRESS 1432 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 04541

04541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7th Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cohen

(a) Residence: No. Sinai Asylum St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Julius Stein
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Bertie Weil
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records
(Address) Sinai Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Shalom Date Sept. 5 1934

19. UNDERTAKER David Goldstein & Son
(Address) 1902 Eutaw Pl.

20. FILED Huntington Williams, Asst. Comr.

SEP 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934 to Sept. 4, 1934
I last saw her alive on Sept. 4, 1934 Death is said to have occurred on the date stated above, at 9:40 pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma, with Metastases following, Carcinoma of left breast
Bronchopneumonia, type undetermined

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 04542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04542

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Eutaw Place St., 13-01 Ward)

Length of residence in city or town where death ocrurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Weil

(a) Residence: No. 2319 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Weil

6. DATE OF BIRTH (month, day, year) About 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Meyer Steigerwald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Brenner
(Address) 3505 Clarks Lane

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Balto. Hebrew Cem. Date Sept. 7 1934

19. UNDERTAKER Harry Goldheim - Sons
(Address) 1902 Eutaw Place

20. [illegible] Registrar.

5-1934 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to Sept 5, 1934
I last saw her alive on Sept 4, 1934 Death is said to have occurred on the date stated above, at 2.20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 6, 1934

Other contributory causes of importance:
Arterio-Sclerosis
Myocarditis
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopay?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Irwin E. Wagner, M. D.

(Address) Esplanade Apts.

AACo. 5-31 250B

F 04543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04543

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230-W. Lombard Street St., 18-C1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Madaline Schemkevch

(a) Residence: No. 1230-W. Lombard Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stanislaus Schemkevch

6. DATE OF BIRTH (month, day, year) 9/10/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	24	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithia (State or country)

FATHER

13. NAME John Augaitis

14. BIRTHPLACE (city or town) Lithia (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Mrs. Viola Murphy
(Address) 1230-W. Lombard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/6/34 19

19. UNDERTAKER Geo. J. Pfeltz Son
(Address) 1235-Hanford Ave

THIS 5-1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/27/, 1934 to 9/3/34 . 19

I last saw h[illegible] alive on 9/1 1934 death is said to have occurred on the date stated above, at 6 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Diff Myst.	7
Cerebral Apoplexy	8/27/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bernard J. Ferry M. D.

(Address) 910 W. Lombard

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 04544

04544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-002

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Albert Weaver

(a) Residence: No. 3017 Frederick ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 3-1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Albert Weaver

14. BIRTHPLACE (city or town) (State or country) York. Pa

MOTHER

15. MAIDEN NAME Rosanna Gallagher

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Albert W. Weaver

(Address) 3017 Frederick ave

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa Date Sept 7. 1934

19. UNDERTAKER H. B. Herbert & Son

(Address) 1300 Eutaw Pl.

Filed ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

25-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1934 to Sept 4, 1934

I last saw him alive on Sept 4, 1934 Death is said to have occurred on the date stated above, at 4 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perisinusitis of lateral sinus complicating Mastoid. Tis	8-25-34

Other contributory causes of importance:

(1) Mastoiditis	
(2) Abscess of Neck (Von Bezold's)	
	8/18/34

Name of operation Mastoidectomy Location of lat. sinus Date of 8/20/34.

What test confirmed diagnosis? Operation. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Carl E Seduff M. D.

(Address) St Agnes Hosp.

M. D. B. 418-9 F 04545

F 04545

28°50

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV/133

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Monie Kaplan

(a) Residence: No. Dallas Texas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-9-11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Univ

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

13. NAME Rose Finesholetz

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. NAME Rev. Rubin Kaplan

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dallas Texas Date Sept 5 1934

19. UNDERTAKER L. Kempner Bro
(Address) 112 E Ballard St.

FILED 19 Registrar

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/5 1934 to 9/5 1934

I last saw him alive on Sept. 5 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Uraemia Pyelonephritis — Date of onset ?

Other contributory causes of importance:

Uraemia

Name of operation Nephrostomy, Lft. Date of 8/4/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dowd Wrong M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1206

F 04546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04546

CERTIFICATE OF DEATH

V 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Stockman

(a) Residence: No. 2011 Lewsink St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stockman

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept. 7 1934

19. UNDERTAKER Lilly & Zeller Inc (Address) 703 E Lexington St

FILED SEP 6 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28 1934 to Sept 4 1934

I last saw h[illegible] alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Perirectal abscess	1 mo

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) I P Frazier M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12688 F 04547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04547

CERTIFICATE OF DEATH V 159

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Lynch

(a) Residence: No. 38 S. High St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 4, 1934

7. AGE Years	Months	Days	If LESS than 1 day, 5 hrs. & 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Lynch

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Burnetes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jeremiah Lynch
(Address) 38 S. High St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Sept 6 1934

19. UNDERTAKER Kelly + Zuber Inc
(Address) 403 E. Baltimore St

20. FILED Sept 6 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1934 to 9-5, 1934

I last saw h... alive on 9-5, 1934 Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9-4-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John M. Lynch, Jr. M. D.

(Address) Johns Hopkins Hospital

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form No. 3

P 8-1934

M. D. Rec'd F 04548

F 04548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 117-001

1. PLACE OF DEATH ~~JOHNS HOPKINS HOSPITAL~~ Registered No.

CITY OF BALTIMORE: (No. 1821 Brunt St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Jones.

(a) Residence: No. 1821 Brunt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Jones.

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) Md

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Antonini

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rebecca Jones

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-6- 1934

19. UNDERTAKER Dennis Corbin

(Address) 916 Pennsylvania Ave

20. FILED SEP 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1933 to August 1934

I last saw him alive on Aug 8 1934 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	5/23/32
Other contributory causes of importance: Postoperative, Peritonitis	
Gastric neurosis	
Name of operation Gastro enterostomy. Date of	May 1932
What test confirmed diagnosis? Clinical Was there an autopsy? yes	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Stafford M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04549

M. D. F 04549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis E. Gladden

(a) Residence: No. 307 N. Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-21-08

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Alfred Gladden

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

MOTHER

15. MAIDEN NAME Victor ?

16. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 6, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 A Schroeder St. Huntington Mills, Md.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1934, to Sept. 3, 1934

I last saw him alive on Sept 3, 1934

Death is said to have occurred on the date stated above, at 10:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	Feb. 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. W. Jacobson M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

MD F 04550

F 04550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 207

13-91

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. P.R. R. track at Edmondson Ave. Ward) _____

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Hitchcock

(a) Residence: No. 2934 Keswick Road St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma M. Hitchcock

6. DATE OF BIRTH (month, day, year) Ded. 28-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry S. Hitchcock

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie Little

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Emma M. Hitchcock

(Address) 2934 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Date Sept 6, 1934

Druid Ridge Cemetery Lot

19. UNDERTAKER Charles Ellinowell & Son

(Address) 1517 Eutaw Place

20. FILED Sept 6, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__.

I last saw h__ alive on Inquiry, 19__. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	Sept 4 1934

Other contributory causes of importance:

Accident	

Name of operation _____ Date of _____

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sep 4, 1934

Where did injury occur? Baltimore, Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by locomotive

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify _____

(Signed) Joseph L. Wilkinson M.D. Coroner

(Address) 16 South Broadway

F 04551

M. D. F 04551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Lee

(a) Residence: No. 1003 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) Nov. 22, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Amanda Gough

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Sept 7 1934

19. UNDERTAKER Thos. E. Kelson (Address) 1303 Pressman St

20. FILED Sept 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1934 to Sept 2 1934

I last saw him alive on Sept 2 1934 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial endocarditis	1 Mo?
Other contributory causes of importance: Mitral Stenosis	Over 5 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P Shapiro M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

P 6-1934

F 04552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04552

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-GL (Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Nelk

(a) Residence: No. 1140 N. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Nelk

6. DATE OF BIRTH (month, day, year) NOV 13. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry Nelk
(Address) 1140 N. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Sept 7. 1934

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 901 W. Fayette St

19 Registrar.

SEP 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1934 to Sept 4, 1934

I last saw h e r alive on Sept 4, 1934. Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arterio sclerotic Cardio vascular disease	

Other contributory causes of importance:

gastro enteritis	

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Helen J. Magruma M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

04553 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04553

289683

CERTIFICATE OF DEATH V 157-003

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 76-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Adey.

(a) Residence: No. 340 S. Oakham St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mch. 5/20/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	weeks 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Adey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mildred Pew.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 6, 1934

19. UNDERTAKER L. M. Miller & Son
(Address) 2304 Eutaw Pl.

SEP 6 - 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 4, 1934

I last saw her alive on Sept 4, 1934 Death is said to have occurred on the date stated above, at 9 15 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
(congenital malformation of the heart (Patent foramen ovale)	8 20 34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis T. Schumacher, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04554

F 04554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S. Monroe St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma E. Yager

(a) Residence: No. 532 S. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Yager

6. DATE OF BIRTH (month, day, year) March 29, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Jacob J. Peters

14. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

MOTHER

15. MAIDEN NAME Fannie F. Maine

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Mr. William C. Yager
(Address) 308 W. Franklintown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Sept. 7, 1934

19. UNDERTAKER Joseph Cook
(Address) 1005 E. Baltimore St.

FILED SEP 6 - 1934 ... Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934 to Sept 4, 1934

I last saw her alive on Sept 1, 1934. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Breast	
Chronic Myocarditis.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Scagnetti M. D.

(Address) 1729 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

F 04555

M. D. B. (2634) F 04555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 Winchester St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah A. Hall

(a) Residence: No. 2932 Winchester St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry R. Hall

6. DATE OF BIRTH (month, day, year) March 29, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	5	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Snow Hill, Cecil Coun... Maryland

FATHER

13. NAME: William Asay

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pennsylvania

MOTHER

15. MAIDEN NAME: Eleanor Stidham

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pennsylvania

17. INFORMANT: Mr. Henry R. Hall, Jr.
(Address) 1821 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Sept. 7 19 34

19. UNDERTAKER: Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 , 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 , 1934 to Sept 4 , 1934

I last saw h[illegible] alive on Sept 3 , 1934 Death is said to have occurred on the date stated above, at 8.10A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic Cardio-Vascular Renal disease	Many years
(2) Apparently died of Renal insufficiency	Last week

Other contributory causes of importance:

(3) Arterio-sclerosis	Many years

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph H Zierler M. D.

(Address) 1123 Poplar Grove St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

C 1934

M. D. B. 1268-9

F 04556

F 04556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Whitmore Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha A. Widerman

(a) Residence: No. 1817 Whitmore Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Widerman

6. DATE OF BIRTH (month, day, year) April 15, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Levi Childs

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Elizabeth Barnett

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mr. Nelson Widerman

(Address) 1817 Whitmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mathew Cem Date Sept 7" 1934

Cortege Co

19. UNDERTAKER 1003 E. Baltimore St.

(Address)

FILED 6-1934 Howard Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 1934 to Sept 5th 1934

I last saw her alive on Sept 4, 1934 Death is said to have occurred on the date stated above, at 12.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy - Hemiplegia Duration Symptoms	Aug 1
Other contributory causes of importance: Kidneys - Chronic Tendency to long duration Old age	6 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. Schmidt M. D.

(Address) 1605 E. North Ave.

V 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1206 F 04557 F 04557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3714 Harlem Ave (Ward) 46-G

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexine Raysinger

(a) Residence: No. 3714 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Raysinger

6. DATE OF BIRTH (month, day, year) July 11 1865

7. AGE — Years: 69 — Months: 1 — Days: 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Bennett S. Evans

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Margt Brown.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) Jos. E Raysinger 3714 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Cathedral. Date 9/8th 34

19. UNDERTAKER (Address) Bernard C Harle 1000 S Paca St.

20. FILED 9-8-1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 1934 to Sept 6 1934

That I saw her alive on Sept 6 1934 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach — Date of onset unknown

Other contributory causes of importance:

same

Name of operation — Date of —

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm E Lipfert M. D.

(Address) 1219 Light St

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. H. 1268

F 04558

F 04558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 W Cross St. 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Smith

(a) Residence: No. 1205 W Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Phillip Smith

14. BIRTHPLACE (city or town) Germany.
(State or country)

MOTHER

15. MAIDEN NAME Mary Kaund

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Geo Lutz
(Address) 1205 W Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 6, 1934

19. UNDERTAKER Geo Lutz
(Address) 1205 W Cross St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept 4, 1934

I last saw h... alive on Sept 3, 1934. Death is said to have occurred on the date stated above, at 2.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sept 4, 34
Other contributory causes of importance: Arteriosclerosis	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Morley Stone, M. D.

(Address) 2 W Pleasant St

DECLARATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 0-100 Allentown Lithograph Co.

M. D. B. 1268-9

F 04559

HEALTH DEPARTMENT—CITY OF BALTIMORE

04559

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-C (Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Charles Bundy

(a) Residence: No. 140 Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write this word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 6 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Bundy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Theresa Hughes

16. BIRTHPLACE (city or town) (State or country) Govons

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 6 1934

19. UNDERTAKER .....
(Address)

20. FILED ..... 1934 ..... Registrar.

C 1934 0690

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26 1933 to Sept 1 1934
I last saw him alive on Sept 1 1934 Death is said to have occurred on the date stated above at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis-pulmonary	1933
bilateral	
Pneumo-thorax	1934
Right	

Other contributory causes of importance:

Name of operation Thoracotomy Date of operation 8/15/34

What test confirmed diagnosis? Autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel [illegible] M.D.
(Address) [illegible]

M. D. P. 1268-9

F-04560

04560 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 21-41 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William John Demmel

(a) Residence: No. 1533 Bush st. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 28, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month, day, year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME John Demmel

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Louisa Weber

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, REMOVAL Fountain Rest 8/31/34
Place University of Md Date Sept 6 1934

19. UNDERTAKER Henry H. Mitzka
(Address) 4101 Edmondson Ave

Registrar.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20 1934 to August 31 1934

I last saw him alive on August 31 1934 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1927

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mary W. Jackson M. D.

(Address) Baltimore City Hospitals

F 04561

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04561 V 159

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Fox

(a) Residence: No. 1849 Lorman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)	7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or 12 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Marshall Parks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosalee Fox

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosalee Fox
(Address) 1849 Lorman St

18. BURIAL, CREMATION, OR REMOVAL
Place Universal, Md Date ..... 19...

19. UNDERTAKER .....
(Address)

20. FILED 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1934 to Sept 5 1934 Death is said I last saw her alive on Sept 5 1934
to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Atelectasis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Osborn Blue Compte M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 04562

04562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Bailey

(a) Residence: No. 1648 W. Lanvale St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-34

7. AGE Years	Months	Days 28 30	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mr Bailey

14. BIRTHPLACE (city or town) (State or country) Mr Bailey

MOTHER

15. MAIDEN NAME Velma Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Ft Mc Date Sept 6, 1934

19. UNDERTAKER
(Address)

Sept 6 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-22-34, 19 ... to 9-5-34, 19 ...
I last saw him alive on 9-5-34, 19 ... Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8-29-34

Other contributory causes of importance:

Prematurity

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William Daniel Stroman M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 04563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 8-ad Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ignatius Basdon

(a) Residence: No. 1048 N. Gay St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Locksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Records Johns Hopkins Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date 9-8 1934

19. UNDERTAKER: Wendell & Humphreys (Address) 501 N. Broadway

20. FILED 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934, to Sept 6, 1934. I last saw him alive on Sept 6, 1934. Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Hypertension		1933
Myocardial failure		1933
acute pulmonary oedema	8-27-1934	
Hemorrhage from rectum	8-31-34	9-2-34
Pulmonary infarction		9-4-34

Other contributory causes of importance:

Chronic alcoholism		1924
		Over

Name of operation None Date of

What test confirmed diagnosis? EKG. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 04564

F 04564 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Hanford Ave St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Madeline Atkinson

(a) Residence: No. 1637 Hanford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William T Atkinson

6. DATE OF BIRTH (month, day, year) Aug-16-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Herman Kostrus

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Louis Atkinson

(Address) 1637 Hanford Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. Date 9/7/34

19. UNDERTAKER George J Puth Sr

(Address) 1726 Pennsylvania Ave

FILED 19 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Sept 5 1934

I last saw her alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Breast	?
	2yrs ago
Other contributory causes of importance: Metastasis & Cachexia	4 mos

Name of operation Amputation of Breast Date of Nov 28 34

What test confirmed diagnosis? Lesion to Lymph Glands Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Willard Stewart M. D.

(Address) 1738 E 28th St

M. D. B. 1969-9

F 04565

HEALTH DEPARTMENT—CITY OF BALTIMORE

04565

CERTIFICATE OF DEATH

Registered No. 186-001

1. PLACE OF DEATH: (If death occurred in a hospital or institution, give its NAME instead of street and number.) University Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah Joseph Santry

(a) Residence: No. 569 Lawrence St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jessie Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gd.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jeweler, Md Coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John J. Santry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Cashman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth A. Santry

(Address) Washington D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 7, 1934

19. UNDERTAKER Martin Fabian & Sons

(Address) 1627 W. North Ave.

6-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1934, to 9-5, 1934.

I last saw him alive on 9-5, 1934. Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell downstairs	9-4-34
Fractured ribs	9-4-34
Bronchopneumonia	9-5-34

Other contributory causes of importance: Fracture L tibia + fibula (Right) 9-4-34

Name of operation ____ Date of ____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 9-4, 1934

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall downstairs

Nature of injury Fractured ribs + fractured leg (Rt)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Carr M. D.

(Address) University Hospital

M. D. P 1268-9

G F 04566

HEALTH DEPARTMENT—CITY OF BALTIMORE

04566

CERTIFICATE OF DEATH

V 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) ..... (Ward) .....

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME J. Ferman Deis

(a) Residence: No. 663 W Fayette St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cassidy

6. DATE OF BIRTH (month, day, year) March 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Isiah Deis

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Matilda Lyman

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs. J. Ferman Deis

(Address) 1735 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 7, 1934

19. UNDERTAKER Martin Baker & Sons

(Address) 1827 N. North Ave.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2:20 p m.

The principal cause of death and related causes of importance were as follows:

Crushed Chest — Date of onset

Shock.

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/3, 1934

Where did injury occur? Mt. Royal Ave & North Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury auto in which he was riding struck a safety pillar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny, Coroner, M. D.

(Address) 2200 E Madison St

M. D. B. 1268-9

F 04567

HEALTH DEPARTMENT—CITY OF BALTIMORE

04567

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1268 Riverside Ave St. 24-01 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Virginia Marsh

(a) Residence: No. 1268 Riverside Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac M. Marsh

6. DATE OF BIRTH (month, day, year) Aug. 21 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	14	12

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel H. Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Isaac M. Marsh
(Address) 1268 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Sept 5, 1934

19. UNDERTAKER I. Frew Mc Cully
(Address) 130 E Fort Ave

6-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932 to Sept 4, 1934

I last saw h. alive on Sept 4, 1934. Death is said to have occurred on the date stated above, at 8-40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Syncope	

Other contributory causes of importance:

Mitral Stenosis & Infusticial Nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease ~~or injury~~ in any way related to occupation of deceased? No If so, specify

(Signed) H. Holland Keech M. D.

(Address) 2502 Eutaw Place

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 04568

F 04568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Eutaw Place. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CATHERINE T., KELLY.

(a) Residence: No. 2017 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Kelly

6. DATE OF BIRTH (month, day, year) Sept. 12th. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stephen Corcoran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cuff,

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs E. J. Schwartz.
(Address) 2017 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Sept. 7th. 1934

19. UNDERTAKER Chas. P. Sauer & Son
(Address) 118 W. Mt. Royal Ave.

6-1934 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5th. 34

22. I HEREBY CERTIFY, That I attended deceased from aug 25 1934 to Sept 5 1934

I last saw her alive on aug 31 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	aug 25
Stokes Adams Disease	1926

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. N. Dearer, M. D.

(Address) 205 Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04569

HEALTH DEPARTMENT—CITY OF BALTIMORE

04569

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 4-01 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel H. Wyman

(a) Residence: No. Fayette Hotel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Emanuel Wyman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Block

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. Julius Wyman (Address) Marlborough Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balt. Hebrew Date Sept. 7, 19 3

19. UNDERTAKER Reid Sondheim & Son (Address) 1902 Eutaw Place

Huntington Williams Regr.

FILED SEP 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1934 to September 6, 1934
I last saw him alive on September 6, 1934 Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac dilitation & hypertrophy	
Chronic myocarditis	
Cardiac insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, state ...

(Signed) Paul Williams Lear M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

✓ F 04570

04570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Jane Curtis

(a) Residence: No. Sparks, md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — infant

6. DATE OF BIRTH (month, day, year) 9-5-34

7. AGE	Years	Months	Days	If LESS than 1 day / 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vol. Hospital Md.

FATHER

13. NAME Levi J. Curtis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bessie A. Wilkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie A Curtis

(Address) Sparks, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfield Chapel Butler, Md Date Sept 6, 1934

19. UNDERTAKER Wm. C Brooks & Son

(Address) Sparks, Md

20. 6 - 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1934 to 9-6, 1934

I last saw h[illegible] alive on 9-5, 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (7 mos)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. J. Comeau M. D.

(Address) Vol. Hospital

M. D. B 1568-9

E 04571

HEALTH DEPARTMENT—CITY OF BALTIMORE

94571

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Dennison St., Ward) Res.

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice V. Weaver

(a) Residence: No. 3512 Dennison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Weaver

6. DATE OF BIRTH (month, day, year) Feb 23 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME William Cashen

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER

15. MAIDEN NAME Susan Bubbert

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Mrs. Carl A. Mueller

(Address) 3512 Dennison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lauderdale Cemetery Date Sept. 7, 1934

19. UNDERTAKER A. B. Hulkert & Son

(Address) 1300 Eutaw Place

20. Sept 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 — 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1934, 19... to Sept 4 1934, 19...

I last saw h... alive on Sept 4 1934. Death is said to have occurred on the date stated above, at 11.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy, Hem. L. Brain & Paral. Lt.	9/1/34

Other contributory causes of importance:

Diabetes - Impaired H. D. Fair Compensation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 04572

04572 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Schneider

(a) Residence: No. 1109 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Peter

6. DATE OF BIRTH (month, day, year) May 8, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Planner Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Sept 1934

19. UNDERTAKER John C. Miller (Address) 2435 E. Monument St. Huntington Funeral Home

20. FILED Sept 6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934 to Sept 4, 1934

I last saw her alive on Sept 4, 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Nephritis, interstitial	?

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P Meyer M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 04573

04573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-01 77-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leola Roberts

(a) Residence: No. 118 N. Bond St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 10, 31

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	2	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Harold Roberts

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Minnie Duffin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Harold Roberts
(Address) 118 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Sept 9, 1934

19. UNDERTAKER Mrs Thos G. Bayley
(Address) 1424 Jefferson St

20. FILED SEP 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
due to lead poisoning	
(Source undetermined)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. W. Walker M. D.
506 E. Fort Corner.
(Address)

M. D. B 1268-9

F 04574

HEALTH DEPARTMENT—CITY OF BALTIMORE

04574

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... da.

2. FULL NAME Michael Szymanski

(a) Residence: No. 716 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rozalia

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) German Poland

MOTHER FATHER

13. NAME Teofil Szymanski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Rozalia Szymanski

(Address) 716 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 8 1934

19. UNDERTAKER W. M. Fralkowski

(Address) 1618 Eastern Ave

FILED 9-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 5/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h..... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Abdomenal Injuries	
Fractured both legs	Sep 5/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/5/34 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 725 S. Bond st.

Manner of injury Fell from roof (3rd story)

Nature of injury while repairing down spout

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1088 Druid Hill Ave

10457 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

7845 75

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Oakland Avenue St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert E. Greene

(a) Residence: No. 523 Oakland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) March 4, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheubrooks Printing Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William P. Greene

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Lightzer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Bessie M. Sheubrooks
(Address) 523 Oakland Avenue, Govans

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 9/8 1934

19. UNDERTAKER Henry W. Meade & Son
(Address) 208 E. Baltimore St.

20. FILED 1934 Huntington, Md. Registrar

SEP 7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1934, to Sept. 6, 1934

I last saw h[illegible] alive on Sept. 4, 1934 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	Chronic
Chronic hypertonitis	
Other contributory causes of importance:	
Influenza	3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton H. Purvis, M. D.

(Address) 2310 Eutaw Pl.

M. D. P. 1268-0

F 04576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Beech Ave 43-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie O. Ruehl

(a) Residence: No. 3315 Beech Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or Divorced (write the word): Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of: George Ruehl

6. DATE OF BIRTH (month, day, year): Aug 13th 1852

7. AGE: Years 82 | Months 0 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Fred L Ossman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Weitzel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elsie K. Templeman

(Address) 3315 Beech Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 9/10 1934

19. UNDERTAKER: Wilbur Corbett

(Address) 2121 E Baltimore St

SEP 7 - 1934

Interment Wilmington, Delaware

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1934 to Sept 6 1934

I last saw he alive on Sept 5 1934 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Carcinoma Esophagus — Date of onset

Other contributory causes of importance:

Cachexia

Name of operation: None Date of:

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Karl J Steinmiller M. D.

(Address) 1214 E Baltimore St.

M. D. R. 1268-9

F 04577

F 04577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Birmingham Rd 27-01 Ward)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 18 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William J. Griffin

(a) Residence: No. 405 Birmingham Road St., Govans Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara H. Griffin

6. DATE OF BIRTH (month, day, year) Aug 28 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Railway

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation 17 Years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME [redacted] Stanford Griffin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Ritter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clara H. Griffin

(Address) 405 Birmingham Rd

18. BURIAL, CREMATION, OR REMOVAL

Presbyterian Govans Date Sept 8 1934

19. UNDERTAKER Wm Cook

(Address) 4417 Harford Ave

Filed Sept 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 - 1933 to Sept 5 - 1934

I last saw him alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 2 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 14

Other contributory causes of importance: Rheumatism and Arthritis. and Contracture of Intestinal Strictures duration

Name of operation No operation Date of [illegible]

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Bernell Lange M. D.

(Address) 2937 N. Calvert St

M. D. F 04578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04578

CERTIFICATE OF DEATH

82-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-01 Ward)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Ford
(a) Residence: No. 1934 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret.

6. DATE OF BIRTH (month, day, year) Sept 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec 1924
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Ford
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Rose Miles
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 8 1934

19. UNDERTAKER Wm Cook (Address) 1217 E. Paul St

20. FILED Sept 10 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1934 to Sept 5 1934
I last saw him alive on Sept 5 1934 Death is said to have occurred on the date stated above, at 4:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage & rupture into ventricle	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I Phagen, M. D.
(Address) Balt. City Hosp.

M. D. F. No. 04579 — 04579

289069 Red

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Davis

(a) Residence: No. 6 N Port St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day, year) May 26, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4-3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. poor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Joseph Davis

14. BIRTHPLACE (city or town) (State or country) Md U.S.

MOTHER

15. MAIDEN NAME Josephine Holland

16. BIRTHPLACE (city or town) (State or country) Md U.S.

17. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Sept 8, 1937

19. UNDERTAKER John Welsh

(Address) 200 Division St

FILED Sept 7 1937 Thos. J. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937 to Sept 6, 1937

I last saw alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	8-16-37
	over
Other contributory causes of importance:	
Pyuria	8-17-37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dorothy Lee Moore M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4580 — 46 — F 04580

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 W. Pratt St. St., 14-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Petrie Schaefar

(a) Residence: No. 1610 W. Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frederick Schaefer

6. DATE OF BIRTH (month, day, year) Feb. 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7 6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adam Petrie

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. May M. Gonder.
(Address) 1610 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 7, 1934

19. UNDERTAKER Harry T. Waltke
(Address) 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to Sept 5 1934

I last saw h[illegible] alive on Sept 4. 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	May 1933
Bronchopneumonia Terminal	4 days
Other contributory causes of importance:	
Arteriosclerosis general	1929

Name of operation None Date of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliott M. Johnson M. D.

(Address) 3430 Frederick Ave

M. D. B 1268-9

14581

E-94581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyndenhall St. (Hospital) (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. Dowling

(a) Residence: No. 3331 Ravenwood Av., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1931.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph H. Dowling

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bernadette A. Stembler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph H. Dowling
(Address) 3331 Ravenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 8, 19 34.

19. UNDERTAKER [illegible]
(Address) 4101 Edmondson Ave.

FILED 19 [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6th 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 19 34 to Sept 6th 19 34

I last saw him alive on Sept 6th 19 34 Death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	9/1/34
Acute Appendicitis	8/30/34
Peritonitis	8/29/34 ?

Other contributory causes of importance:

Name of operation Appendectomy Date of 9/1/34

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel E. Howard M. D.
(Address) Lyndenhall Hospital

M.B. F 04582 ✓ F 04582

289684 filed

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Robinson

(a) Residence: No. 1217 W 23rd St. Cedar Falls Iowa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Dec 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER

13. NAME Peter Robinson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Young

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Falls Iowa Date 9/7 1934

19. UNDERTAKER Larry F. Wittle
(Address) 410 E. Edmondson Ave

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 6, 1934
I last saw him alive on Sept 6, 1934. Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	8-21-34
Pneumonia	9-3-34

Other contributory causes of importance:

over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Blanchard Tilghman, M. D.

(Address) Johns Hopkins Hospital

M. D. H. 124 Rev.

F 04583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Jones

(a) Residence: No. 640 E 28th St., ... Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Negro
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): 1933
8. AGE: Years | Months: 11 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER
13. NAME: John Jones
14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER
15. MAIDEN NAME: Mary Johnson
16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: John Jones (Address) 640 E 28th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson's Cem Date 9-7-1934

19. UNDERTAKER: Byron & Francis W. Wright (Address) 1818 Mc Elderry St

20. FILED 9-7-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6-34

22. I HEREBY CERTIFY, That I attended deceased from 9-2-34, 19... to 9-6-34, 19...
I last saw her alive on 9-5-34, 19... Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephro-nephritis	

Other contributory causes of importance:

Not Known	

Name of operation ..... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William Neil Cooley, M. D.

(Address) Provident Hospital

Spec—9-30—A. & Co.—250 Blks.

F 04584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04584

131

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2544 N. Fulton ST. 13-A WARD)

2 FULL NAME Alph Reed

(a) RESIDENCE NO. 2544 N. Fulton ST. WARD Beaumont Texas
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Reed

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Hardin

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rev. Herring
(Address) 2544 N. Fulton Ave

15 7-1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/34

17

I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1934, to Sept. 7, 1934, that I last saw h alive on Sept 3, 1934, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Uremia
(duration) yrs. 3 mos. do.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. — mos. 5 do.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H. Simpson M. D.

9/7/34 (Address) 512 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beaumont Texas

DATE OF BURIAL 9/9 1934

20 UNDERTAKER Sam. H. Chase & Son

ADDRESS 638 N. Gilmore

Spec. 1-1-29—F. S.—100 Bks.

04585

F 04585

93-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 E. Eager ST., 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Smith

(a) RESIDENCE NO. 2418 E. Eager ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yrs mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Smith.

6 DATE OF BIRTH (month, day, and year) May 17-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) Gunther Brewing

(c) Name of employer Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Peter Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Barbara Horn

(Address) 2418 E Eager St

Filed Sept 7 1934, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5th 34

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to Sept. 5, 1934, that I last saw him alive on Sept. 5, 1934, and that death occurred, on the date stated above, at 5 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Virgil Fitton, M. D.

, 19 (Address) 130 E. Chase.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL 9-8-34

20 UNDERTAKER Wendell E. Humphreys

ADDRESS 13-01 N. Broadway

✓ Dr. Rupika.

M. D. B. 1268-9

F 04586 HEALTH DEPARTMENT—CITY OF BALTIMORE 04586

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Washington St. 7-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Kokta

(a) Residence: No. 925 N. Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	~~Baby.~~

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Baby.

6. DATE OF BIRTH (month, day, year) August 26th 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	~~mos.~~	7 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 600

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank J. Kokta.

14. BIRTHPLACE (city or town) (State or country) Chotzradlitzka Bohemia.

MOTHER

15. MAIDEN NAME Mary Klima.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Frank J. Kokta.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 8 1934

19. UNDERTAKER Frank Leach & Sons
(Address) 1904 Ashland Ave

FILED 19 Registrar.

P 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw h alive on 7-6-34 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	7-1-34

Other contributory causes of importance:

Acute Cardiac Dilatation 1 day

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) M. D.

7-8-34

M. D. B 1268-S

Forbes

F 04587

F 04587 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 E Lombard St. 4-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Forbes

(a) Residence: No. 612 E Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	wht	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Forbes

6. DATE OF BIRTH (month, day, year) Unknown 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter (h)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME of Mother Forbes

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Sarah Gord

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs Nathan (daughter)
(Address) New York

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park (cem) Date Sept 7, 1934

19. UNDERTAKER Mary M Wiegand
(Address) 2015 23d St

SEP 7 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on Autopsy, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	5 days
Other contributory causes of importance: Acute Alcoholism	6 days

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Fenton Coroner, M. D.
(Address) 700 E Chase

M. D. P. 1268-9

F 04588

04588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Louis Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 25-21 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William C. Barthel

(a) Residence: No. Sulphur Springs Rd & Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Barthel

6. DATE OF BIRTH (month, day, year) Dec 5 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elizabeth Barthel
(Address) 1st Sulphur Springs Rd Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Cemetery Date Sept. 8, 1934

19. UNDERTAKER George L. Lefevre
(Address) 210 Frederick Ave

FILED 9-7 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1934, to 9-5, 1934.

I last saw him alive on 9-5-1934. Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset 9/2/34 ?
Uremia.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Carl G Barthel, M. D.

(Address) St Agnes Hosp

F 04589

M. D. F. F 04589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12/V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ambrose Thelps

(a) Residence: No. 406 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 27/1915

7. AGE: 18 Years 18 yrs. | Months 11 | Days 17 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thos. D. Thelps

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Annie Shea

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept. 1934

19. UNDERTAKER George L. Lattimer & Son

(Address) 2121 Pinkney Ave

Filed Sept 1 1934 Registrar

PT 1334 Keyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1934 to 9-6 1934

I last saw him alive on 9-6 1934 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Appendicitis (ruptured)	9-4
Peritonitis	

Other contributory causes of importance:

Delayed bleeding & clotting time

Name of operation Appendectomy Date of 9-4

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. N. Taylor M. D.

(Address) South Balto. Gen. Hospital

A&Co. S-H 250B

F 04590 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 04590

V 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Hollins St. 70-01 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Ella Coleman

(a) Residence: No. 1926 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George A Coleman

6. DATE OF BIRTH (month, day, year) May 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER FATHER

13. NAME Henry Lecompte

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Helen Voschel

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs Barton Thompson

(Address) 3413 Farrington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cem Date Sept 8 1934

Kent Co Md

19. UNDERTAKER Robt C Bryan Master

(Address) 121 S Broadway

P 7 - 1934 Farrington Wilson
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933 to Aug 7, 1934

I last saw h[illegible] alive on Aug 7, 1934 death is said to have occurred on the date stated above, at 9 30 p m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio renal disease

Facts verified Jos L Valentine Coroner

Date of onset

Other significant conditions contributing to death but not related to principal cause given above

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) C S Driggers M. D.

(Address) 1324 W Lombard St

F 04591

M. D. P. 1958-9

F 04591

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 119

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Edmondson Blvd! St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Gordon Byron

(a) Residence: No. 434 N. Payson St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Robt Gordon Byron

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Marie E. Saffron

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rutherford Kahlein

(Address) 620 S Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 7 34

19. UNDERTAKER Rolf C. Brown Hatten

(Address) 171 S. Stricker St

FILED 19

1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4-1934

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1934, to Sept. 4, 1934.

I last saw h alive on Sept 4 19 34 Death is said to have occurred on the date stated above, at 10 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis.	8/6/34
Marasmus	8/13/34
Bronchial Pneumonia.	9/4/34

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul G. Perkey M. D.

(Address) St. Agnes Hosp

F 04592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04592

CERTIFICATE OF DEATH

√ 34

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 14.01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME James Woolford

(a) Residence: No. 405 N. Stricker st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glassworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Woolford

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Woodson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 8-8-34

19. UNDERTAKER James Postlethwaite
(Address) 1438 Druid Hill Ave

22. FILED SEP 7 19 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1934 to Sept. 4, 1934

I last saw him alive on Sept. 4, 1934 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	Mar. 1934
Lung Abscess	Mar. 1934
Other contributory causes of importance:	
General Paresis	unknown

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. M. Jacobsen M. D.

(Address) Balto City Hospitals.

F 04593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3925 Foster Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Heinlein

(a) Residence: No. 3925 Foster Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elisabetta Heinlein

6. DATE OF BIRTH (month, day, year) May 2nd 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supply at A.A.C. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John E. Heinlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunginda Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Heinlein Son

(Address) 3925 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 8 1934

19. UNDERTAKER Lilly & Zeller Inc

(Address) 1729 E. Monument St.

20. FILED SEP 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1934

22. I HEREBY CERTIFY, That I attended deceased from about 6 mo. 9-1934 to Sept 5 1934

I last saw h(im) alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene Rt. foot	
Arteriosclerosis	
Chronic Nephritis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Lowney M. D.

(Address) 1401 S. Ellwood Ave

M. D. P. 668-9 F 04591 Ada Hink F 04594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

Registered No. 4-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam Wentz

(a) Residence: No. 2 rear Monroe at Conway St., Ward. Fallstown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland near Towson

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sallie Armstrong

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Maggie Caswell
(Address) Owensmouth Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cemetery Date Oct 10, 1934

19. UNDERTAKER H Engelhardt & Son
(Address) Owensmouth Md

FILED P 7-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1934, to September 7, 1934
I last saw her alive on September 7, 1934 Death is said to have occurred on the date stated above, at 1:05 Am.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset ?

Other contributory causes of importance:

Mitral Stenosis (?) Pneumonia

Heart disease (?)

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen F Maguire, M. D.

(Address) University Hospital

M. D. B. 1268-9

F 04595

F 04595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N. Central Ave St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Not Known yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Attillia Flaherty

(a) Residence: No. 1119 N. Central ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late John Flaherty

6. DATE OF BIRTH (month, day, year) Not. Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 76-80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not. Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Mary M. Laughlin

(Address) 1106 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Sept. 13, 1934

19. UNDERTAKER Henry Heath Sons, Inc

(Address) 301 E. Eager St

Huntington W. Va. Registrar

FILED 97-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1934 to Sept. 7, 1934.

I last saw her alive on Sept 6, 1934. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Virgil Littman, M. D.

(Address) 1304 E. Chase.

M. D. B. 1268-9

F 04596

04596 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. 8-01

1. PLACE OF DEATH — Dead on arrival at

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MICHAEL J. McSWEENEY

(a) Residence: No. 723 E. 21st. St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24th. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Serg't

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William A. McSweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Herlicky

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph McSweeney

(Address) 723 E. 21st. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Sept. 8th. 19 34

19. UNDERTAKER Chas. H. Sauerhorn

(Address) 118 W. Mt. Royal Ave.

SEP 7 1934 FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5th. 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Apoplexy	9/5/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Weems Coroner, M. D.

(Address) 106 E. Fayette

M. D. P. 1268-9

F 04597

04597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 4-05 St., ... Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jones

(a) Residence: No. 708 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clara Jones

6. DATE OF BIRTH (month, day, year) May 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Robert Jones

14. BIRTHPLACE (city or town) (State or country) Wales Brit. Isles

MOTHER

15. MAIDEN NAME Jane Williams

16. BIRTHPLACE (city or town) (State or country) Wales Brit. Isles

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Delta Pa Date Sept 8 1934

19. UNDERTAKER Wm J Tukney & Sons
(Address) North & Penna aves

FILED Sept 7 1934 Hunter for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1934

22. I HEREBY CERTIFY, That I attended deceased from August 30 1934 to Sept 5 1934

I last saw him alive on Sept 5 1934 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 Mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Nagel M. D.

(Address) Balt. City Hosp.

M. D. F. 1268-9

F 04598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04598

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Fernhill Ave St. 28-01 Ward)

Length of residence in city or town where death occurred 83 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Knipp

(a) Residence: No. 4300 Fernhill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 4-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Knipp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M Bergmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Stella Reddick

(Address) 4300 Fernhill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 8 1934

19. UNDERTAKER Hugh Treacy Sons

(Address) Huntington Williams

20. FILED Sept 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to Sept 6 1934

I last saw her alive on Sept 6 1934 Death is said to have occurred on the date stated above, at 7.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1?
chronic hypertrophic arthritis	1920
chronic myocarditis	1928
Other contributory causes of importance: Cardiac insufficiency	1933.

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo F Kuper M. D.

(Address) 3236 Edmondson Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V, 107-80

F 04599

CERTIFICATE OF DEATH.

F 04599

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3216 Brightwood Ave. Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Rebecka Whitaker

(a) RESIDENCE NO. 3216 Brightwood St. Av. 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: James H. Whitaker

6 DATE OF BIRTH (month, day, and year): Aug. 12, 1861

7 AGE: Years 73 | Months 0 | Days 25 | IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Horse Keeping

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): County

PARENTS

10 NAME OF FATHER: Jab. Gosa

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore Co.

12 MAIDEN NAME OF MOTHER: Barnett

13 BIRTHPLACE OF MOTHER (city or town): U.S.

(State or country): Unknown

14 Informant: Edith Whitaker Irwin

(Address) 3216 Brightwood Ave.

15 1934 A. Leyton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 7 1934

17 I HEREBY CERTIFY, That I attended deceased from July 15 1934, to Sept. 7, 1934, that I last saw her alive on Sept. 7, 1934, and that death occurred, on the date stated above, at 7 am m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary): Broncho-Pneumonia

(duration) ...yrs. ...mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab. & Clinical

(Signed) Sherman R. Evans M. D.

8/7. 1934 (Address) 2601 Manhattan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

Date of Burial: Sept 10, 1934

20 UNDERTAKER: Wm. J. Tickner & Son

ADDRESS: N. & Pa. Ave.

Very Important. See Instructions on Back of Certificate.

M. D. P. 1268-9

✓ F 04600

4600

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Pulaski St. St., 16-01 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Louise Knight,

(a) Residence: No. 619 N. Pulaski St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeremiah R. Knight,

6. DATE OF BIRTH (month, day, year) October 14. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Frank F. B. Snyder,

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Clara R. Helwig,

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT (Address) Jeremiah R. Knight. 619 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL SEP 8 - 1934

Place Loudon Park Date

19. UNDERTAKER Lee N. Little
(Address) 2700 Edmondson Ave.

20. FILED 9-7-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3 1934 to Sept 6 1934

I last saw her alive on Sept 6 1934 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
mixed tumor of parotid gland with metastases	1932
	1934
	9/1/34

Other contributory causes of Importance:

Cancerous cachexia.

Name of operation Removal of metastatic tumor Date of 6/20/34

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George R. Kemp, M. D.

(Address) 1638 Edmondson Ave.

M. D. P. 1268-9

✓ F 04601

F 04601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 27-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Buckingham Arms Apartments

CITY OF BALTIMORE: (No. 3706 N. Charles St., 27-81 Ward)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Evitt Ahrenschall

(a) Residence: No. 101 Edgevale Rd Roland Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Ahrenschall

6. DATE OF BIRTH (month, day, year): Nov 11 1872

7. AGE: Years 61; Months 9; Days 26; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: John Evitt
14. BIRTHPLACE (city or town) (State or country): Dunmurphy North Ireland

MOTHER
15. MAIDEN NAME: Anna Margaret Gerhart
16. BIRTHPLACE (city or town) (State or country): Bucks County Penna

17. INFORMANT: Bessie G. Evitt
(Address) 4821 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date Sept 8, 1934

19. UNDERTAKER: Chas. G. Black
(Address) 742 W. Fayette Ave

20. Huntington Williams, M.D. Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept-1, 1934, to Sept-6, 1934

I last saw h[illegible] alive on Sept-6, 1934 Death is said to have occurred on the date stated above, at 1-22 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/1/34
Left Hemiplegia	
Other contributory causes of importance:	
Essential Hypertension	11/1928
Cerebral Arteriosclerosis	"

Name of operation: — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. Gibson Porter, M. D.

(Address) 4522 Roland Ave

M. D. B. 1268-9

F 04602

04602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Green Spring Manor Park (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert Freundlich

(a) Residence: No. Green Spring Manor Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen H. Freundlich

6. DATE OF BIRTH (month, day, year) Aug. 26 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Oscar Freundlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Cohen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. A. Freundlich

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Sept. 9 1934

19. UNDERTAKER David Sandheim & Son

(Address) 1202 Eutaw Place

• 1934 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1930, to Sept., 1934.

I last saw h[illegible] alive on "6", 1934. Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	acute

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury , 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis I. Jacobs M. D.

(Address) 1700 Eutaw Place

M. D. B. 1[illegible]

E 04603

HEALTH DEPARTMENT—CITY OF BALTIMORE

04603

~~BUREAU OF VITAL STATISTICS~~ Maryland Department of Health

117-002

1. PLACE OF DEATH Cambridge md 1-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 430 N Luzerne St., 1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Robert Tyler

(a) Residence: No. 430 No Luzerne St., 1st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married.

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Irene Tyler

6. DATE OF BIRTH (month, day, year) Dec 23/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	8	14 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lecturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME Mr Robert Tyler

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME Susan Cole

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mrs Irene Tyler

(Address) 430 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 9/10/34 19

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-25-34 19 to 9-7- 1934

I last saw h alive on 9-7 1934 Death is said to have occurred on the date stated above, at 3 9 m.

The principal cause of death and related causes of importance were as follows:

Duodenal Ulcer — Date of onset 1914.

Other contributory causes of importance:

Hemorrhage

Name of operation Duodenal suture Date of 8-30-34

What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Barnaby M. D.

(Address) Maryland General Hosp

M. D. P. 1268-9

F 04604

F 04604 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N Fulton Ave St. 16 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? 74 yrs. mos. ds.

2. FULL NAME Hannah Lacey.

(a) Residence: No. 1010 N Fulton Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Sept 11 1854

7. AGE: Years 79 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 169

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Derbyshire England.

FATHER

13. NAME: Joseph Lacey

14. BIRTHPLACE (city or town) (State or country): England.

MOTHER

15. MAIDEN NAME: Ann Marsden

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Lilian Dorsuda

(Address) 1010 N Fulton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Sept 10 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 E Pratt st

[illegible] Register.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 7 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23 1930 to Sept 7 1934

I last saw her alive on Sept 3 1934 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

Organic Heart disease — Date of onset: unknown

Other contributory causes of importance:

none.

Name of operation — Date of —

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chester Rilands M. D.

(Address) 2532 Edmondson ave.

M. D. B. 1268-9

Dr Eugene Passaguo 2314 E. Baltimore Md 3127

F 04605

04605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 150 N. Lakewood Ave (Sec.) 6-61 (Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane A. Lawson

(a) Residence: No. 150 N. Lakewood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: William Lawson

6. DATE OF BIRTH (month, day, year): ? ? 1855

7. AGE: Years 80; Months ?; Days ?; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home
10. Date deceased last worked at this occupation (month and year): Sept 1932
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Canajoharie N.Y.

13. NAME: Abram Woods
14. BIRTHPLACE (city or town) (State or country): N.Y.
15. MAIDEN NAME: Jane (Unknown)
16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT: Louis F. Kurtz
(Address) 2313 Allendale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Cem Date 9/5 1934

19. UNDERTAKER: Wm Gaught & Son
(Address) 1217 St Paul St

FILED [illegible] Registrar.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934 to Sep. 6, 1934

I last saw her alive on Sep. 6 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Cerebral)	1/1/34

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L Passaguo M. D.

(Address) 5-14 Drury Lane.

M. D. B. 1268-9

F 04606

04606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Payne

(a) Residence: No. 1505 Mc Culloh St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) May 13 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26 years	3	24	

OCCUPATION

8. Trade, (profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Payne

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Eastern Cemetery Date September 1934

19. UNDERTAKER Adolphus Halstead
(Address) 952 Edmondson Ave

Filed Sept 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1934 to Sept 7 1934

I last saw h.im alive on Sept 7 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	
Other contributory causes of importance: Diseases of Ureter	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edgar F. Campbell M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 04607

HEALTH DEPARTMENT—CITY OF BALTIMORE

04607

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 1626 N. Mount

CITY OF BALTIMORE: (No. 1626 St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elija Forrester

(a) Residence: No. 1626 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced (or) WIFE of Robt Forrester

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Cleaning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Q A County

FATHER

13. NAME Wm Brown

14. BIRTHPLACE (city or town) (State or country) Q A County

MOTHER

15. MAIDEN NAME Sarah Collins

16. BIRTHPLACE (city or town) (State or country) Q A County

17. INFORMANT Friend

(Address) 1626 Mont

18. BURIAL, CREMATION, OR REMOVAL Place Crews Chapel A.M.E. Co mt. Date Sept 7, 1934

19. UNDERTAKER Thomas E Kelson

(Address) 1303 Pressman St

20. 1934 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5-34 19

22. I HEREBY CERTIFY, That I attended deceased from 9-3-34, 19 to 9-5-34, 19

I last saw her alive on 9-5-34, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	8/29
Hemiplegia	

Other contributory causes of importance:

Hypertension
Cardio, Renal Vascular
Disease

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Boyd Jr. M. D.

(Address) 1512 Fulton

M. D. B. 1268-9

F 04608

04608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1848 Division St (Ward) 14-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Cullison

(a) Residence: No. 1848 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosie Cullison

6. DATE OF BIRTH (month, day, year) march 6 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Rosie Cullison

(Address) 1848 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place md tribum Cemetery Date Sept 7 . 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave Williamsport, Md

8-10-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23 . 1934 to Sept 4 . 1934

I last saw him alive on Sept 4 1934 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

Cardiac dilatation — Date of onset June 1934

Other contributory causes of importance:

arteriosclerosis (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hagerstown Md . M. D.

(Address) Hagerstown Md

M. D. B. 1268-9

✓ F 04609

04609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Mosher St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Swathney

(a) Residence: No. 418 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisey

6. DATE OF BIRTH (month, day, year) Feb 5, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Wm T. Swathney

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Daisey Swathney (Address) 418 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 9/10/34 19

19. UNDERTAKER Mrs. George H. Holland (Address) Washington Blvd & Fremont Ave

20. FILED 9-1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Sept 7th 1934

I last saw him alive on Sept 6th 1934 Death is said to have occurred on the date stated above, at 5:67a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nibular Head disease	about 8 mos

Other contributory causes of importance:

Indefinite

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) H. H. Forsyth, M. D.

(Address) 1 W. Saratoga St

M. D. P. 1268-9

610

HEALTH DEPARTMENT—CITY OF BALTIMORE 104610

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23rd Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip J. Felthousen

(a) Residence: No. 1731 S Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME William H.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Drucilla Hubbard

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 10 1934

19. UNDERTAKER A. Howard Evans
(Address) 32 E Lexington St

20. Filed 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934 to Sept 7, 1934
I last saw him alive on Sept 7, 1934. Death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(c) Congestive Failure	1yr?
Etiology ?	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I P Magee, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 04611

04611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F Elbinger

(a) Residence: No. 308 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Elbinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Lauber

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Holy Cross 9/10 1934

19. UNDERTAKER E & R Hurley (Address) 115 E Mount St

Huntington Indiana

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1934 to Sept 6 1934

I last saw him alive on Sept 6 1934 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis c cavitation Etiology not known.	6 Mo

Other contributory causes of importance:

Name of operation ..... Date of ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I D Nagel M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9

F 04612

04612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 Bank Street St., 2-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gus Otremba

(a) Residence: No. 1744 Bank Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, year) June, 15/1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spioner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Otremva

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Zmudziejewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Otremba
(Address) 1744 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Sept 10th, 1934

19. UNDERTAKER George A. Weber
(Address) 765 S. Eden Street

20. Filed 1934 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept, 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Sept. 7th, 1934

I last saw him alive on Sept. 6, 1934 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance

Chr. Alcoholism	

Name of operation none Date of ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tomboy Jr. M.D.

(Address) 441 S. Ellwood Ave

M. D. P. 1268-8

Northrup

F 04613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward) Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Leo Northrup

(a) Residence: No. Hurlock, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Northrup

6. DATE OF BIRTH (month, day, year) April 8.1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard in State Hospital

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trenton N.J.

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME Vernon W. Northrup

14. BIRTHPLACE (city or town) (State or country) Sherman Mich

15. MAIDEN NAME Florence Bowdle

16. BIRTHPLACE (city or town) (State or country) Caroline Co Md

17. INFORMANT Mrs. Vernon W. Northrup
(Address) Hurlock Md

18. BURIAL, CREMATION, OR REMOVAL
Place Hurlock Cemetery Date Sept. 10 1934

19. UNDERTAKER J. T. Trappington & Son
(Address) Federalsburg Md

FILED SEP 8 - 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-34. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23. 1934. to September 7. 1934

I last saw h alive on September 7. 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows: Frontal Sinusitis — Date of onset

Other contributory causes of importance: Frontal Sinus Osteomyelitis. Brain abscess

Name of operation Drainage frontal sinus Date of 9/23/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Howard, M. D.

(Address) Mercy Hospital

H. D. B 1268-9

04614 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 04614

CERTIFICATE OF DEATH

✓ 120

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Durham St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. Life How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Brown

(a) Residence: No. 209 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 2/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ernst Brown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Annie B? Davis

16. BIRTHPLACE (city or town) (State or country) Charleston, S.C

INFORMANT Ernst Brown
(Address) 209 N. Durham

17. BURIAL, CREMATION, OR REMOVAL
Place Albury Cemetery Date Sept 10 1934

UNDERTAKER Edw. Bryson
(Address) 1631 Orleans St

SEP 8 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo-colitis	
(Type undetermined)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner, M. D.

(Address) 1086 Hollins

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 04615

04615

CERTIFICATE OF DEATH

✓193

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Shell Road Curtis Bay. St. 23-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond M. Johnson. (C)

(a) Residence: No. 1113 S. Sharp St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or WIFE of) Mittie Johnson. (C)

DATE OF BIRTH (month, day, year) December 29, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Daniel E. Johnson. (C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Rosa Jones. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mittie Johnson. (C) wife.

(Address) 1113 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL Greenville Co.

Place Emporia Va Date 9/9, 1924

19. UNDERTAKER Isaiah L. Brownson

(Address) 1084 W. Monument St

20. FILED 1924 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 1924, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.55 a. m.

The principal cause of death and related causes of importance were as follows:

Electrocution, cable on which he was working coming in contact with charged wire.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/6/24, 19...

Where did injury occur? Empire Construction Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury

Nature of injury Electrocuted.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Feinstadt M. D. Coroner

9/8/24 (Address) 1017 N. Charles st.

M. D. B. 1268-9

E 04616

4616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marguerite Carr.

(a) Residence: No. 1715 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 1st, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business to which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Andrew Carr

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mollie Devinney

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mollie Carr
(Address) 1715 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date Sept. 11, 1934

19. UNDERTAKER Chas. J. Graudt & Co.
(Address) 1600 Eastern Ave.

FILED Sept. 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7th. 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1.10 A.M.

The principal cause of death and related causes of importance were as follows:

Toxemia due to 1st & 3dd degree burns over chest & body & lower extremities

Interval between onset and death June 30/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jun30/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Clothes were ignited from gas range

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Carr M. D.
Coroner

(Address) 508 E. Lombard

F 04617

H. D. B. 1268-8

04617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hosp St. 3-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Belle Isam

(a) Residence: No. 317 S. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 1/33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Isam

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Lizzie McDuffin

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT John Isam

(Address) 317 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 8, 1934

19. UNDERTAKER Robert Williams

(Address) 15 S. McElderry St

20. DATE OF FILING 8-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Pneumococcus Meningitis	...

Other contributory causes of importance:

Enlarged Tonsils

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) ..... Coroner's Phys

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

04618

F 04618

CERTIFICATE OF DEATH

✓ 93-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4412 Old York Rd. ST. 22-01 WARD) Gay

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Agney

(a) RESIDENCE NO. 4412 Old York Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 9 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Gay

DATE OF BIRTH (month, day, and year): April 7th 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Cresswell Harford County Md.

10 NAME OF FATHER: William Slattery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland (FREE STATE)

12 MAIDEN NAME OF MOTHER: Catherine Purcell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland (FREE STATE)

Informant: Geo W Gay

(Address): 4412 Old York Rd

Filed: 9-11-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/8/34

17 I HEREBY CERTIFY, That I attended deceased from April, 1934, to Sept 8, 1934, that I last saw her alive on Sept 8, 1934 and that death occurred, on the date stated above, at 12.5 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Hypertension.

(duration Gradual-History mos. ds.)

CONTRIBUTORY (Secondary) Pulmonary Edema. (duration yrs. mos. 7 ds.)

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence

(Signed) J. N. Hardy, M. D.

, 19 (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Francis Cemetery — DATE OF BURIAL: Sept 11 1934

20 UNDERTAKER: Howard K. McCann — ADDRESS: Abingdon Md.

M. D. B. 1268-9

F 04619

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04619

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Bradford St. 6-01 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Minnie Seitz

(a) Residence: No. 11 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad W. Seitz

6. DATE OF BIRTH (month, day, year) Feb 5 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Locker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Kromer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Conrad W. Seitz

(Address) 11 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lazarus Date 9/10/34 19...

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St.

FILED 9-1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20/34 19... to Sept. 7/34. 19...

I last saw her alive on Sept. 7/34 19... Death is said to have occurred on the date stated above, at 5P.M.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Chronic Parenchymatous Nephritis

Duration unknown

From history, about 6 mth

Other contributory causes of importance:

Myocarditis Chronic.

Duration unknown.

From history, about 6 mths

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NONE. Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) H. J. Kelly, M. D.

(Address) 100 N. Linwood Ave.

F 04620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04620 Bks

X 122-001

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No C. H. & I. ST 6-A WARD)

2 FULL NAME Mr. John German

(a) RESIDENCE NO 105 Shealey St., Towson, Md ST..... WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. --- mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Towson Md.

PARENTS

10 NAME OF FATHER A. J. German

11 BIRTHPLACE OF FATHER (city or town) (State or country) Towson Md.

12 MAIDEN NAME OF MOTHER A. R. Stalland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Augusta German
(Address) 105 Shealey Ave., Towson

15 Died Sept 7 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7-1934

17
I HEREBY CERTIFY, That I attended deceased from 9-2, 1934, to 9-7, 1934

that I last saw him alive on 9-7, 1934

and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Ruptured Colon c generalized peritonitis

Focus Autopsy (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home Hospital

Did an operation precede death? yes. Date of 9-3-34

Was there an autopsy? yes

What test confirmed diagnosis? Clinical and Autopsy

(Signed) Forrest Cook, M. D.

19 (Address) Church Home Baltimore

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cemetery

DATE OF BURIAL 9/10 1934

20 UNDERTAKER Henry U. Mears

ADDRESS [illegible]

9-1934

F 04621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04621

V 119

CERTIFICATE OF DEATH

Registered No. 23-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1545 S. Charles St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice D. Taylor

(a) Residence: No. 1545 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of ——— (or) WIFE of ———

DATE OF BIRTH (month, day, year): Feb 14th 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: James A. Taylor

14. BIRTHPLACE (city or town) (State or country): Lancaster Co Va

15. MAIDEN NAME: Marie Weidenmeyer

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): James A Taylor 1545 S. Charles St

18. BURIAL, CREMATION OR REMOVAL: Place Lancaster Co Va Lively Va Date Sept 9th 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

FILED Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1934 to Sept. 8 1934

I last saw her ALIVE on Sept. 7 1934 Death is said to have occurred on the date stated above, at 5:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	9/3/34
Other contributory causes of importance: Convulsions	9/7/34

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ——— 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Hugh Campbell M. D.

9/8/34 (Address) 1644 Hanover St

M. D. R. 13 F 04622

F 04622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-01 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Michael J. Kenny

(a) Residence: No. 3109 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced — HUSBAND of (~~or WIFE of~~): Mary Kenny

6. DATE OF BIRTH (month, day, year): Sept 12, 1875

7. AGE: Years 59 | Months 11 | Days 28 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mineral Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mine

10. Date deceased last worked at this occupation (month and year): Mch 1934

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John Kenny

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Brown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Thomas Kenny.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Cathedral Date 9/11/34

19. UNDERTAKER: Bernard C Harlow

(Address) 1000 S Paca St

FILED 9-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934, to Sept 8, 1934

I last saw him alive on Sept 7, 1934

Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Congestive Heart Failure	Unknown
Probably	Aug 6/34
Other contributory causes of importance: Hypertension	about 6 yrs Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 04623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04623

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square ... St.) 14-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas E. Garner (Jr.)

(a) Residence: No. 1509 N. Fayette st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas E. Garner (Jr)

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Helen Franklin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Helen Garner

(Address) 1509 N. Fayette st.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Sept 10th 1934

19. UNDERTAKER Waltz & Zepp

(Address) 3418 Eastern Ave.

20. FILED 9-10 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8th 1934

22. I HEREBY CERTIFY, That I attended / deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo. Colitis Syph	5-34

Other contributory causes of importance:

None

Name of operation Injection Syph Date of 8-34

What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John L. Wahlgren M. D. Coroner

(Address) 1650 Brooks

Spec.—1-30—M. & T.—250 Blks

F 04624

F 04624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 Penna Ave (or) 16-01 (WARD)

2-FULL NAME William A. Brown

(a) RESIDENCE NO. 1115 Harlem Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 27, 1891

8 AGE: Years 43 | Months 6 | Days 9 10 | If LESS than 1 day, ...hrs. or ....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md

11 NAME OF FATHER John F. Brown

12 BIRTHPLACE OF FATHER (State or country) Leonardtown Md

13 MAIDEN NAME OF MOTHER Sophie Medley

14 BIRTHPLACE OF MOTHER (State or country) Leonardtown Md

15 Informant (Address) Nettie Cutler 1211 Pennsylvania Ave

16 Filed 1934 Thurlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6, 1934

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1934 to Sept 6, 1934 that I last saw him alive on Sept 5, 1934 and that death occurred, on the date stated above, at 1.10 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Howell M.D.

(Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: 9/10/1934

20 UNDERTAKER: L. P. Davenport

ADDRESS: 1006 Pa. Ave

M. D. B. 1244-A

F 04625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04625

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 (St.) Mc Culloh (Ward) 14-01

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Dorsey

(a) Residence: No. 1809 (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Mary Dorsey

(Address) 1809 Mc Culloh St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 9 1939

UNDERTAKER: Dandy Taylor

(Address) 916 Eo ave

SEP 9 - 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1939

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Neck	about 1 year
Other contributory causes of importance:	
Cachexia.	

Name of operation Ligation Date of Sept 5 39

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 1620 Rosalie

M. D. R. 68-1

F 04626

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04626

V 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Shook

(a) Residence: No. 233 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 966

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME G. N. Shook

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME LeBon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mt. Hope Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cathedral Cem Date Sept 11 1934

19. UNDERTAKER Stewart & Mowen Co
(Address) 108-20-North Eu

FILED Sept 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1929 to Sept. 9 . 1934

I last saw him alive on Sept. 9 . 1934 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (Inoperable)	8 mos
Other contributory causes of importance: Arterio-sclerosis	
Paramora Vera.	29 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Duncan P. Hayes M. D.

(Address) 233 N. Gilmore St.

F 04627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04627

CERTIFICATE OF DEATH

1/21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto St., Ward) Fenl Hosp

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Joseph Pavor

(a) Residence: No. 1410 Hanbert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Polan

6. DATE OF BIRTH (month, day, year) March 12 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month, day, year) 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Pavor

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine Hyde

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Emma Pavor

(Address) 1410 Hanbert St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date 10 10 1934

19. UNDERTAKER Charles J Stivers

(Address) 1501 Fort Ave

10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-31 1934 to 9-6 1934

I last saw h[illegible] alive on 9-6 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Appendicitis (ruptured) — Date of onset 8-31-34

Peritonitis

Other contributory causes of importance:

Name of operation Appendectomy Date of 8-31-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton R. Fleig M. D.

(Address) 1213 Light St.

F 04628

F 04628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward) 4-61

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Ann Anderson

(a) Residence: No. 631 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Clarence Anderson

6. DATE OF BIRTH (month, day, year): Apr. 18, 1906

7. AGE: Years: 28; Months: —; Days: —; If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home 039

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): North Carolina

13. NAME: Wright Broun

14. BIRTHPLACE (city or town) (State or country): North Carolina

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date: Sept 11 34

19. UNDERTAKER: Dorsey Eastern
(Address) 916 E. Pratt St.

DEC 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1934 to Sept 8, 1934

I last saw her alive on Sept 8, 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset: Jan 1934

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. W. Jacobson, M. D.

(Address) Balto City Hosp.

F 04629

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04629

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Montebello Terrace Ward) 22-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine M. Strahler

(a) Residence: No. 3207 Montebello Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas L. Strahler

DATE OF BIRTH (month, day, year) Dec 9 - 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Louis Marshall

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Poehlman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thos H Marshall

(Address) 3204 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 11 1934

19. UNDERTAKER John Uphold

(Address) 1500 E Oliver St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10- 1932, to 9-9- 1934

I last saw her alive on 9-9- 1934 Death is said to have occurred on the date stated above, at 12½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile palsy - arteriosclerotic	12-10-34
Other contributory causes of importance: Cerebral Thrombosis	3-23-34

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton C. Lang M. D.

(Address) 2117 Belair Rd.

F 04630 Krojci F 04630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Krojci
(a) Residence: No. 400 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Mary

DATE OF BIRTH (month, day, year) 4/30/00

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Joseph Krojci
14. BIRTHPLACE (city or town) (State or country) Bohemia
15. MAIDEN NAME Mary Skwirut
16. BIRTHPLACE (city or town) (State or country) Bohemia
17. INFORMANT Hospital Records.
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept 10 1934
19. UNDERTAKER John U. Ulrich
(Address) 2008 Orleans
Registered Sept 10 1934 Attending Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1934
22. I HEREBY CERTIFY, That I attended deceased from 7/2/34 to 9/7/34
I last saw h in alive on 9/7/34 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse Colon ?	
Abdominal abscess due to rupture of intestine & resultant fecal fistula	7/2/34
Other contributory causes of importance:	
Anemia & dehydration of Cachexia	7/2/34

Name of operation Resection of Colon Date of 9/7/34
What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Raymond F. Hesford M. D.
(Address) Mercy Hospital.

M. D. File No. F 04631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 04631

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Bull

(a) Residence: No. 2111 Maryland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married (Sep)

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Marion (Sep)

6b. DATE OF BIRTH (month, day, year): Dec 7, 1895

7. AGE: Years 38; Months 9; Days 4; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Zachary Taylor

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Mary Tate

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Friends Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Holywood Cem Roy Place Marattico Va Date Sept 11 1934

19. UNDERTAKER (Address): Wm Cook 1217 E Fayette St

Filed 19 Registrar.

0193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to Sept 8, 1934

I last saw her alive on Sept 8, 1934 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Chronic Nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magruder M. D.

(Address) Balt City Hosp

F 04632

F 04632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 731 W. Hamburg St. 21-C (Ward)

Length of residence in city or town where death occurred: Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Greifzu

(a) Residence: No. 731 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed. ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of George A. Greifzu

DATE OF BIRTH (month, day, year) July 19th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Margaret Frumsky

(Address) 731 W. Hamburg St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 10th 1934

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

FILED 19 ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934 to Sept 7 1934

I last saw ~~her~~ alive on Sept 7 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Auricular Fibrillation	1½ yrs
2. Gangrene of Toe	3 weeks
Other contributory causes of importance: Arteriosclerosis	2 yrs

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hart Hayes M. D.

(Address) S 2/3 Cook St.

F 04633

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04633

CERTIFICATE OF DEATH

92-001

Registered No. 17-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Shields St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Jane Johnson

(a) Residence: No. 1521 Shields St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — (of) WIFE of: John Henry Johnson

6b. DATE OF BIRTH (month, day, year): Unknown

7. AGE — Years: 75 — Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Penn

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Elizabeth Carter

(Address): 1521 Shields St

18. BURIAL, CREMATION, OR REMOVAL

Place: Friendship Md Date: Sept 12, 1932

19. UNDERTAKER: Joseph A. Lively

(Address): 409 North Howard Street.

20. FILED 19 Registrar.

10153

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932 to Sept 7, 1932

I last saw her alive on Sept 6, 1932 Death is said to have occurred on the date stated above, at 6.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1933
Other contributory causes of importance: Cerebral Hemorrhage	

Name of operation: Date of: No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward Thayer Tracy M. D.

(Address) 1728 Penna Ave

M. D. F 04634

F 04634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 27-601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ignatius Hagen

(a) Residence: No. 2811 Gibbons St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ?

6b. DATE OF BIRTH (month, day, year): ?

7. AGE — Years: 70? Months: Days: If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Sept 11 1934

19. UNDERTAKER: Leonard F. Keck

(Address) 5305 Belair Rd

20. FILED 19 Registrar.

11193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 8, 1934

22. I, HEREBY CERTIFY, That I attended deceased from April 8, 1932 to Sept 8, 1934

I last saw him alive on Sept 8 1934 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Emphysema	?
Myocardial Insufficiency	2 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagen M. D.

(Address) Balt. City Hosp.

F 04635

F 04635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 16 Ward) 121 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Smith

(a) Residence: No. 717 Arlington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced (or) WIFE of Joseph Smith

DATE OF BIRTH (month, day, year) April 16, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Sept 34

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Collick

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Bishop

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept. 11 1934

UNDERTAKER Jesse W. Tredden

(Address) 436 W. Biddle St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1934 to Sept 8 1934

I last saw her alive on Sept 8 1934 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia, Lobar	
Complicated	
Pleuro Pneumonia	8/31/34
(b) Syphilis	1934
Other contributory causes of importance Pulmonary Embolism	1934

Name of operation Appendectomy Date of 8/1934

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gordon M.D.

(Address) Balto City Hospitals

M. D. P 1268-9

F 04636

04636 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2221 Mt Holly St. 15-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Elaine Niles,

(a) Residence: No. 2221 Mt Holly St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. Rodney Niles,

6. DATE OF BIRTH (month, day, year) June 14, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel A. Pett,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ramsay Miller,

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) C. Rodney Niles 2221 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date SEP 11 1934 19..

19. UNDERTAKER (Address) Geo. H. Sittig 2700 Edmondson Ave Baltimore, Md

FILED SEP 11 1934 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 9- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan ..... 19 34 to Sept 9th 19 34

I last saw h.. alive on Sept 9th 19 34. Death is said to have occurred on the date stated above, at 6 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Ovary	Jan 34
Other contributory causes of importance: Carcinoma Breast Operated —	Jan 33

Name of operation No. Treatment Date of 33

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Burns M. D.

(Address) 4936 Park Heights Ave

M. D. B. 1268-a

F 04637

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04637

CERTIFICATE OF DEATH

15

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital 17-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Anne Clinton

(a) Residence: No. 429 N Pine St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John Clinton

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Victoria Reddy

16. BIRTHPLACE (city or town) (State or country) Phila

17. INFORMANT Mrs John Clinton

(Address) 429 N Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 10, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 522 S. Schroeder St.

20. FILED Sept 10 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1934 to Sept 7, 1934

I last saw her alive on Sept 7, 1934 Death is said to have occurred on the date stated above, at 9 5/6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas of Vulva	Aug 31
Septicaemia	

Other contributory causes of importance:

Pelvic Peritonitis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hosp.

M. D. B. 1268-9

F 04638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04638

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Myles Williams

(a) Residence: No. 1012 Gilmor St., ... Ward. .....
(usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Myles Williams Sr

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Braxton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Myles Williams Sr
(Address) 1012 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 10, 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-5-34, 19, to 9-7-34, 19

I last saw him alive on 9-7-34, 19 Death is said to have occurred on the date stated above, at 9½ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis (acute)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William [illegible] M. D.

(Address) Provident Hospital

D. B. 1268-9

F 04639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04639

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Baltimore St., 14-C1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patricia C. Lessa

(a) Residence: No. 837 Ramsay St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): Aug 17-1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Henry C. Lessa

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Mildred Miller

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Henry C. Lessa

(Address): 837 Ramsay

BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 9/10, 1934

UNDERTAKER: Harry H. Weiskittel

(Address): 410 E. Monument Ave.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Sept 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 days

Other contributory causes of importance:

None	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was disease cancer, autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Block M. D.

(Address) Coroner

F 04640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Aisquith St., 5-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Lockley

(a) Residence: No. 436 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Lockley

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
approx 62	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va (King & Queen Co Va)

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Gladys Crowdy (Granddaughter)

(Address) 436 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 9/10/34

19. UNDERTAKER Robert E. Cardinal & Co

(Address) 804 N. Carrollton Ave.

20. FILED Huntington Woods, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to Sept 6, 1934

I last saw h.. alive on Sept 6, 1934. Death is said to have occurred on the date stated above, at 11 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	July 15 1934
↑ Uremia	Sept 6 1934
Other contributory causes of importance: Myocarditis. Hypertension.	July 1934

Name of operation None Date of

What test confirmed diagnosis? Physical + Lab. Were there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M.D.

(Address) 1424 E. Monument St.

M. D. F. F-04641 ✓ F 04641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 17-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Newton

(a) Residence: No. 408 W. Mulberry st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Sept. 24, 1886?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	15 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Ivason Badgett

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mattie Carter

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date Sept 10. 1934

19. UNDERTAKER Towell & Byrd
(Address) 2124 Edmondson Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1933 to Sept. 6, 1934

I last saw her alive on Sept. 6, 1934 Death is said to have occurred on the date stated above, at 9.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M W Jacobs, M. D.

(Address) Baltimore City Hospitals

F 04642 F 04642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs John J Ward (Louise)

(a) Residence: No. 2418 South Elwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced (or) WIFE of John Ward

DATE OF BIRTH (month, day, year) May 6 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

13. NAME John Schumacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Selty

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT Mary L. Ward

(Address) 2418 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place 9/16/34 Balto Cemetery

19. UNDERTAKER John J. Logan

(Address) Wood & Talbott

20. FILED Hampton Williams Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934 to Sept 8, 1934

I last saw h alive on Sept 5, 1934 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, General	?
Diabetes Mellitus	?

Other contributory causes of importance:

Carcinoma of Right breast	?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

Dolores V. Harthausen

04643

HEALTH DEPARTMENT—CITY OF BALTIMORE 04643

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolores V. Harthausen

(a) Residence: No. 2626 Aisquith St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Paul Harthausen

DATE OF BIRTH (month, day, year) Aug 21-1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 yrs	0	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME Winfield S. Knight

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Isabelle Burkman

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Mr. P. Harthausen 2626 Aisquith

BURIAL, CREMATION, OR REMOVAL Place Park Wood Cemetery 9/12-34

UNDERTAKER (Address) I. Frew McCully 130 E. Fort Ave

FILED SEP 10 1934 Hilton, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1934 to Sept. 9, 1934

I last saw h[illegible] alive on Sept. 7, 1934. Death is said to have occurred on the date stated above, at 5:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia.	6 mos.
Other contributory causes of importance: Arteriosclerosis Heart Injury	2 yrs.
Chronic Nephritis	2 yrs.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. M. Cancellor M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F. D. B. 1266-9

644

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04644

CERTIFICATE OF DEATH

48

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Ave. Apts St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lutie Marion-Blades

(a) Residence: No. 3132 Cotton Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Blades

DATE OF BIRTH (month, day, year) Nov. 14, 1884

AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	49	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Sept 1933

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Washington, D. C.

12. NAME Clarissa Marion

14. BIRTHPLACE (city or town) (State or country) Hare de Grace Maryland

15. MAIDEN NAME Mary Andrew

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Angel Hill Cem. Date Sept 12 1934

UNDERTAKER L. Madison Mitchell

(Address) Hare de Grace, Md.

FILED Sept 11 1934 Huntington Wilson Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to Sept 10, 1934

I last saw her alive on Sept 10, 1934 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus with Metastasis to Iliac Lymphatic Glands	9-1-1933
Acute Pulmonary Edema	9-4-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Marguerite Elliott Bostock, M. D.

(Address) Maryland Ave. Apts.

4645

E 04645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Northway St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Evelyn Wheeler

(a) Residence: No. 408 Northway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John M. Wheeler

7. DATE OF BIRTH (month, day, year) October 8, 1858

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	--	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James E. Griggs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Sarah Jane Wheritt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mildred W. Fanner

(Address) 408 Northway

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem. Date Sept. 10 1934

19. UNDERTAKER John H. Mitchell & Sons, inc.

(Address) 1909 Eutaw Pl.

20. FILED 10/8/34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1934 to Sept 8 1934

I last saw her alive on Sept 7th 1934 Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/4/34
Hypertension.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Leonard E. Beach M. D.

(Address) 2229 St. Paul St.

M. D. R. 1968-0

4646

F. 04646

93-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Jane Hubbard

(a) Residence: No. 1324 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 19 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Johnathan T. Hubbard

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Wm. J. Corrigan.

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Laura C. Hubbard
(Address) 1324 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedra. Date Sept. 11, 1934

19. UNDERTAKER Vernon Lemmon
(Address) 464 Park Heights Av.

20. FILED ... 19... Witness ...

SEP 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1934, to Sept. 9, 1934

I last saw her alive on Sept 9, 1934. Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart	April
Cardiac Insufficiency	1934
+ Pneumonia	

Other contributory causes of importance:

Hypertension

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard Cohen M. D.

(Address) Maryland Apt

D. H. 1268-9

04647

M F 04647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William McKinley Boswell

(a) Residence: No. 1420 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 2 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23		45	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk at Hub

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jesse M Boswell

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Adda V Abbott

16. BIRTHPLACE (city or town) (State or country) Solomons Island

17. INFORMANT Mrs Jesse M Boswell

(Address) 1420 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 10, 1934

19. UNDERTAKER John F Denny

(Address) 715 Eighth St

Filed SEP 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 , to 19

I last saw h alive on injury 19 Death is said to have occurred on the date stated above, at 6.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Liver	9/2/34
Paralytic Ileus	9/3/34
Other contributory causes of importance:	
Automobile accident	9/2/34
Name of operation Laparotomy	Date of 9/3/34
What test confirmed diagnosis? operation	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/2, 1934
Where did injury occur? In front of 2545 Frederick Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto in which he was riding collided with another
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Paloney, M. D.
Coroner

(Address) 2260 E Madison St

Spec—9-30—A A C—250 Blks

F 04648

F 04648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. C. H. 2 ST. No-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr. Thomas a Harris

(a) RESIDENCE NO. 911 H St, Sparrows Pt., Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 10 1915

7 AGE: Years 19 | Months 1 11 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rack man (Pipe Mill)

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New Jersey

10 NAME OF FATHER: Raymond T. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Cora Hatfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant (Address): Mrs Raymond T. Harris 911 H st Sparrows Point Md

15 [illegible]

SEP 10 1934

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/9/34

17 I HEREBY CERTIFY, That I attended deceased from 9-2, 1934, to 9-9, 1934

that I last saw him alive on 9-9, 1934

and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:

Peritonitis (generalized)

following ruptured appendix (duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): terminal bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 9/2/34

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Operation

(Signed) J. Frank Hemit M. D.

9/9 1934 (Address) 701 Cathedral Street

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millville New Jersey

DATE OF BURIAL: Sept 11 1934

20 UNDERTAKER: John F Denny

ADDRESS: 715 Light St

D. B. 1268-9

F 04645 ALTH DEPARTMENT—CITY OF BALTIMORE F 04649

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. City Hospital St., 9-01 Ward)

ength of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

abt 50

2. FULL NAME Addie Reynolds

(a) Residence: No. 512 E 28th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 13 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	82		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wash D C

13. NAME James Reynolds

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Upenbur

INFORMANT Henrietta Reynolds
(Address) Oakland Md

BURIAL, CREMATION, OR REMOVAL

Mount Ridge Date Sept 10, 1934

UNDERTAKER Ehrenfeld Bros.
(Address) 3615-17 Chestnut Ave

EP 10133 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Accidental Fracture of L Femur	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Aug 17, 1934
Where did injury occur? City Hospital
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Fell down steps
Nature of injury Fract of L Hip

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify No

(Signed) C. J. Iverson M.D. M. D.
Coroner
(Address) 1305 N Patterson Park Ave

F 04650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04650

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-91 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Paulus

(a) Residence: No. 1802 N. Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Carroll N Paulus

DATE OF BIRTH (month, day, year) Sept 21-1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Ind.

13. NAME OF FATHER David Shaw

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME OF MOTHER Anna C. Draper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date 9-12-34

19. UNDERTAKER Wm J. Tschudy & Sons (Address) [illegible]

20. FILED SEP 13 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 19 34 to Sept 9, 19 34

I last saw h[illegible] alive on Sept 9, 19 34 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage right	2½ hrs
Hemiplegia, Left	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagley, M. D.

(Address) Balt. City Hosp.

D. B. 1268-9 F 04651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04651

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Walbrook Ave St., 15-41 Ward)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Willis Smith

(a) Residence: No. 3016 Walbrook Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma J Smith

DATE OF BIRTH (month, day, year) Oct. 3 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Walter W. Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Mary Knipp

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Emma J. Smith

(Address) 3016 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9 - 10 - 34

UNDERTAKER Wm. J. Tschiesner & Son

(Address) North & Eutaw

FILED SEP 11 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1933 to Sept. 8, 1934

I last saw him alive on Sept. 8, 1934 Death is said to have occurred on the date stated above, at 5:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum with metastasis to liver	1933?
Other contributory causes of importance: cardiac failure	Aug 1934

Name of operation Abdominal Exploration Date of 3/22/34

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Knipp M. D.

(Address) 3020 Edmondson Ave

D. B 1268-9

04652 HEALTH DEPARTMENT—CITY OF BALTIMORE 04652

V 119

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Tate St. St. 25-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Onega Yarborough.(C)

(a) Residence: No. 3124 Tate St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) September 29, 1933

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	11	11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Henry Yarborough.(C)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

15. MAIDEN NAME Carrie Dunn.(C)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

INFORMANT Carrie Yarborough.(C) mother

(Address) 3124 Tate St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Ct Date Sept 10 1934

UNDERTAKER Isaiah L Brown Son

(Address) 108 N Monto omery st

FILED ... Registrar.

P 12 55

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea & Enteritis.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M Steinhardi M. D. Coroner

(Address) 1017 E. Charles st. 9/10/34

M. D. B. 1268-9

F 04653

04653 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 N. Bond St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Nash

(a) Residence: No. 1027 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, (Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Nash

6. DATE OF BIRTH (month, day, year): 10-20-59

7. AGE: Years 74; Months 11/10; Days 9/19; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bells Mills Md.

FATHER

13. NAME: Walker

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Wm. H. Nash

(Address): 1027 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Lakewood Cemetery Place: Baltimore Md. Date: Sept 11th, 1934

19. UNDERTAKER: George Lehning & Son

(Address): Pleasant & Monument Sts

10-1934 Registered Nurse, New York

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9. 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 27 1934 to Sept. 9 1934

I last saw h... alive on Sept. 6 1934. Death is said to have occurred on the date stated above, at 1-45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harlan K. A. Meyer M. D.

(Address) 1031 N. Caroline St.

H. D. B. 1268-9

F 04654

HEALTH DEPARTMENT—CITY OF BALTIMORE

04654

CERTIFICATE OF DEATH

V-82-001

5-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120-Low Street St. 5-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

2. FULL NAME Laura Buccheri

(a) Residence: No. 1120-Low Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Buccheri

DATE OF BIRTH (month, day, year) 5/27/1866

AGE Years	Months	Days	If LESS than 1 day, number of hours or min.
68	3	13	X X X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Mathew Virbella

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Sprachino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr. Buccheri
(Address) 1120-Low Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/11/34 19

19. UNDERTAKER Geo. J. Hunt & Son
(Address) 1735-Bedford Ave.

20. FILED 9/10/34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 9 —, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 8, 1934
I last saw her alive on Sept 8, 1934 Death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Abstormeter, M. D.

(Address) 733 Aisquith St

James Trainor

Trainor 04655

F. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04655

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL St. 8-01 Ward)

CITY OF BALTIMORE: (No. BALTIMORE, MD.

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas. Trainor

(a) Residence: No. 1425 North Ford St. Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Matilda Thomas

DATE OF BIRTH (month, day, year): about 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Watchman

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs. Virginia Gilligan

(Address) 1230 West Fayette St

BURIAL, CREMATION, OR REMOVAL: 9/11/34 19

Place: New Cathedral Ruth & Son

UNDERTAKER: Huntington Wilson

(Address) ... Registered.

0193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1934 to Sept 9 1934

I last saw him alive on Sept 9 1934. Death is said to have occurred on the date stated above, at 8:37 m

The principal cause of death and related causes of importance were as follows:

		Date of onset
1.	Pneumonia Lobar.	7 days.
2.	Weakness.	

Other contributory causes of importance:

1. Cerebral Hemorrhage 7 days.

Name of operation ... Date of ...

What test confirmed diagnosis? Surgical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H M Wagenella, M. D.

(Address) ST. JOSEPH'S HOSPITAL

F 04656

Fuchs

M. D. P. 1268-9

4656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 1 mos 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Fuchs. Fuchs

(a) Residence: No. 1622 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-1-34

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 8
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Fuchs

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Marie Hoffman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record
(Address) Union Memorial Hospital

18. BURIAL, CREMATION, OR REMOVAL 9/11/34
Place Holy Redeemer Date . 19

19. UNDERTAKER Geo. J. Fuller Sr.
(Address) 1715 W. Fayette St.

20. Filed . 19 Registrar.

01334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-16- . 1934, to 9-9 . 1934
I last saw h alive on 9-9-34 . 1934 Death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bilateral	8-1-34
	8-16-34
Other contributory causes of importance: Pneumonia Bilateral	8-1-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James S. Hecht M. D.
(Address) Union Mem. Hosp.

H. D. P. 1248-9

F 04657

4657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 34

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Johnson

(a) Residence: No. Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Adella (dead)

7. DATE OF BIRTH (month, day, year) Jan 9, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friend (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL. Place University of Md Date Sept 10 1934

19. UNDERTAKER (Address)

20. FILED

0193 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21 1934 to Sept 7 1934

I last saw h[illegible] alive on Sept 7 1934 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary oedema	Term
Myocardial Insufficiency	?
Other contributory causes of importance:	
	ovwl

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phazer M. D.

(Address) Balt City Hosp

M. D. F. 1268-9

F 04658

4658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Saunders

(a) Residence: No. 1028 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude

7. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O&D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro N C

13. NAME John

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Ora Gilgun

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Friends (Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL Place University Date Sept 10 1934

UNDERTAKER (Address)

FILED 1934 Registrar

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18 1934 to Sept 2 1934

That I saw h[illegible] alive on Sept 2 1934 Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertussis	?
Syphilitic Myocarditis	?

Other contributory causes of importance: over

Name of operation Date of ?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Phagill M. D.

(Address) Balt City Hosp

F. D. P. 12684

659

F 046659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles F. Stouffer

(a) Residence: No. None St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella B (dead)

7. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

13. NAME Dora

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Feb 10 19 34

19. UNDERTAKER

(Address)

Clifton Williams M.D.

Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933 to Sept 5 1934

I last saw h[illegible] alive on Sept 5 1934 Death is said to have occurred on the date stated above, at 7½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Bilateral lung pleura &c. due to old calcified tuberculosis. Extra pulm. tuberculosis	2 Yrs ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

F 04660

HEALTH DEPARTMENT—CITY OF BALTIMORE

4660

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Collins

(a) Residence: No. 611 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lewiston Me

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Bertha ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Baltimore City Hosp.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Sept 10 1934

UNDERTAKER
(Address)

FILED Huntington Wilson M.D.

SEP 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27 1932 to Sept 5 1934

I last saw h[illegible] alive on Sept 5 1934 Death is said to have occurred on the date stated above, at 12[illegible] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Term
Arteriosclerosis	-
Hypocardia Insufficiency	
C Congestive Failure	2 yrs

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Pinquel M. D.

(Address) East City Hosp.

F. D. R. 1268-9

F 04661

04681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grant Hardy

(a) Residence: No. 119 - S Bond St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 11-23-34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Leon Hardy

14. BIRTHPLACE (city or town) (State or country) N. Car

15. MAIDEN NAME Dorothy Howard

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Sept 10 1934

19. UNDERTAKER .....

(Address) .....

Sept 9 1934 Huntington Williams Jr

0701

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 21 1934 to Sept 3 1934

I last saw him alive on Sept 3 1934 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, Bacillary	8-19-34

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving D. Schwentker M. D.

(Address) John Hopkins Hospital

D. B. 1268-9

F. 04662

04662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leroy Goode

(a) Residence: No. 417 S. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/26/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5 wks	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md —

13. NAME Joseph Goode

14. BIRTHPLACE (city or town) (State or country) Md —

15. MAIDEN NAME Viola Taylor

16. BIRTHPLACE (city or town) (State or country) Va —

17. INFORMANT Friend

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Sept 10, 1934

19. UNDERTAKER ...

(Address) ...

1934 Huntington Williams Co. Registrar

0.7008

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept 3, 1934

I last saw him alive on Sept 3, 1934. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	8-30-34

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Irwin D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

130—M. & T.—250 Bks.

F 04663

F 04663 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. √131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1319 (Valley) (St.) 9-01 (Ward)

2-FULL NAME Frank William Manning

(a) RESIDENCE NO. 1319 Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3- REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 24 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73	9	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

BIRTHPLACE (City or County) Texas, Balt. Co Md

(State or country)

10 NAME OF FATHER John Manning

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Conaghy

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

Informant Wm. F. Agnew

(Address)

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7/34

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Sept 7, 1934, that I last saw him alive on Sept 6, 1934, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile degeneration of kidneys, arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings

(Signed) J. Neil Matthews M. D.

, 19 (Address) 1119 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Sept 11 19 34

20 UNDERTAKER Rita Wiedefeld

ADDRESS 1119 Greenmount Ave

H. D. B 1268-9

F 04664

04664 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 410 N. Pulaski St. (Ward) 18-61

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmira Lough

(a) Residence: No. 410 N. Pulaski St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

13. NAME OF FATHER Peter Lough

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Harriett Lough

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

INFORMANT Mary Fountain

(Address) 410 N. Pulaski St

BURIAL, CREMATION, OR REMOVAL St. Peters Cem Date Sept 11 1934

UNDERTAKER Bernard F. Hemsley

(Address) 818 Druid Hill Ave.

FILED Huntington W. Meyer, Registrar

SEP 0 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1934 to Sept 7 1934

I last saw alive on Aug 30 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Nephritis 2 months

	Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O. Finch M. D.

(Address) 410 N. Pulaski St

K. D. B. 1268-9

✓ F 04685

04685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Cathedral St., 11-C Ward)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida M. Miller

(a) Residence: No. 701 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of S. Bevan Miller

DATE OF BIRTH (month, day, year) ----------

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 65	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ---------- Wisconsin

13. NAME --------- White

14. BIRTHPLACE (city or town) (State or country) ---------- Wisconsin

15. MAIDEN NAME Louisa Bentley

16. BIRTHPLACE (city or town) (State or country) ---------- Not obtainable

17. INFORMANT S. Bevan Miller

(Address) 701 Cathedral Street

18. BURIAL, CREMATION, OR REMOVAL Brookside Cemetery

Place Fairgrove, Mich. Date 9/11 1934

19. UNDERTAKER Harry L. Mears and Son

(Address) 1934 Huntington Ave. Balto. Md.

20. FILED 9/11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 1932 1937 to 9-9 1937

I last saw her alive on 9-8 1937 Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	9-3-37
Other contributory causes of importance: ARTERIOSCLEROSIS HYPERTENSION	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John L. Posey M. D.

(Address) 1129 E. Fayette St.

via Penn. Railroad Escort - S. Bevan Miller

D. B 1268-9

✓ F 04666

04666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on Arrival at Hopkins Hospital St. 2-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME John Dombrowski

(a) Residence: No. 431 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Dombrowski

6. DATE OF BIRTH (month, day, year) Jany 15/1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year) Dec/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 9/12/34 19

19. UNDERTAKER John W. Zerbey
(Address) 401 E. Eutaw St.

20. DATE OF FILING 9/1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at before 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance:

Chr Ileo-colitis	6 yrs
Probable Mental Depression	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/8/34 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in industry

Manner of injury Hung himself from lumber

Nature of injury pile-Shyrock wharf-Thames & Philpot Sts. with rope

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) ..... M. D.

(Address) 508 E. Fort Ave Coroner

F. D. B. 1268-

F 04667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04667

CERTIFICATE OF DEATH

93-003

Registered No. 28-01

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Oak Hill Ave Ward)

Length of residence in city or town where death occurred 1yr. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Kelly

(a) Residence: No. 3017 Oak Hill Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of Charles E. Kelly
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 23rd 1843

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Fisher

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mary Isabella Constantine

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Louise V. Whitelegg

(Address) 3017 Oak Hill Ave

BURIAL, CREMATION OR REMOVAL

Place Loudon Park Date Sept 11th 193

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Sept 12 19 3 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21st 1934 to Sept 9th 1934

I last saw her alive on Sept 8th 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and arterial hypertension	1932

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed L. B. Culver Lowe M. D.

(Address) 1901 Eutaw Place

D. R. 12650

04668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04668

CERTIFICATE OF DEATH

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Winkler

(a) Residence: No. 1129 Brenner St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day and year) June 22 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ga.

13. NAME Charles Winkler

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Cora Watson

16. BIRTHPLACE (city or town) (State or country) Ga.

INFORMANT Cora Winkler

(Address) 1129 Brenner St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lubon Date 9/14/ 34

UNDERTAKER Samuel Easton

(Address) 1129 Brenner St.

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 C. 19 34

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Homicide Pistol wound of lung & Liver

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide Sept 8 19 34

Where did injury occur? 1129 Brenner St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Pistol wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Smith Coroner, M. D.

(Address)

F 04669

F 04669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Falls Road St. 27-W (Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U.S. If of foreign birth? ...yrs....mos....ds.

2. FULL NAME Charles W. Lovett

(a) Residence: No. 4708 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Lovett

7. DATE OF BIRTH (month, day, year) Aug. 15, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore County

13. NAME William Lovett

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

15. MAIDEN NAME Tibitha Gene

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Mrs. Sarah C. Lovett
(Address) 4708 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept. 11 19 34

19. UNDERTAKER A. S. Marshall
(Address) 3539 Falls Road

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934 to Sept 9, 1934

I last saw h— alive on Sept 6, 1934 death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac disease	4
Other contributory causes of importance:	
Myocardial insufficiency & Influenza ode	Sept 6-34

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) W W Emerson M. D.

(Address) 3419 Chestnut Ave

F B 04670

✓ F 04670

189584 Lyn

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 22-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brooks

(a) Residence: No. 1616 N. Luzerne St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: William (name)

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 43; Months; Days; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 037

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country): Virginia

14. NAME: Oscar Boyce

15. BIRTHPLACE (city or town) (State or country): Virginia

16. MAIDEN NAME: Anna Coleman

17. BIRTHPLACE (city or town) (State or country): Virginia

18. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL: Place Amissville Va. Date 9/13/ . 1934

20. UNDERTAKER: Frances A. Abernathy

(Address) 578 W. Biddle St.

FILED . 19

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 . 1934 to Sept 9 . 1934

I last saw her alive on Sept 7 . 1934 Death is said to have occurred on the date stated above, at 8 12 m.

The principal cause of death and related causes of importance were as follow:

Myocardial failure (post-operative)

Date of onset 9-8-34

Other contributory causes of importance:

operation for Myomata uteri, Salpingitis Chronic. Appendicitis Chronic. Diabetes Mellitus. Hysterectomy, Salpingoophorectomy, Appendectomy.

Name of operation Hysterectomy, Salpingoophorectomy, Appendectomy. Date of 9-4-34

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. R. Boyce Jr. M. D.

(Address) Johns Hopkins Hospital

F 04671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob H Morton

(a) Residence: No. 641 E 28th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6. If married, widowed, or divorced: HUSBAND of / (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-7-34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jacob Morton

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Dorothy Burley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 9/11, 1934

19. UNDERTAKER Frances A. Demsley
(Address) 528 N. Bidde St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1934, to Sept 9, 1934

I last saw him alive on Sept 9, 1934 Death is said to have occurred on the date stated above, at 4 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis Diarrhea	8/26/34
Other contributory causes of importance: Impetigo contagiosa	9/6/34

Name of operation 0 Date of

What test confirmed diagnosis? clinical observation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ..... 19.....

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
0 If so, specify

(Signed) Irving D Schwentker M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

04672 HEALTH DEPARTMENT—CITY OF BALTIMORE 04672

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Riggs St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Gilbert Dudley

(a) Residence: No. 1524 Riggs St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elia

DATE OF BIRTH (month, day, year): Oct-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

9. Date deceased last worked at this occupation (month and year): do

11. Total time (years) spent in this occupation: "

BIRTHPLACE (city or town) (State or country): Albert Dudley Va

12. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Jas Dudley

(Address): 1522 Riggs St

BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Date: Sept 11th 1934

UNDERTAKER: Ethoy C. Wilson

(Address): 1000 E Biddle

FILED: Sept 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Gastro Enteritis	1 month	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luck, M. D.

(Address) Coroner

F 04673

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04673

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Loneys Lane St., [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Deinlein

(a) Residence: No. 309 Loneys Lane St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Deinlein

DATE OF BIRTH (month, day, year) Nov. 18, 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Adam Gebhart

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Kingunda Deinlein,

(Address) 309 Loneys Lane

BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Date Sept 13 1934

UNDERTAKER Lilly & Zeiler Inc.

(Address) 1031 N. Wolfe St.

FILED 11 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Spt 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible], to [illegible] 19[illegible].

I last saw h[illegible] alive on [illegible] 19[illegible]. Death is said to have occurred on the date stated above, at 11[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	[illegible]

Other contributory causes of importance:

[illegible]

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

F 04674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 10-01

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME William Hammond

(a) Residence: No. 942 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth (Strobel)

DATE OF BIRTH (month, day, year) Aug 31/1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Iron Worker 079

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Hammond

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Ruth Hammond
(Address) 942 Aisquith St

BURIAL, CREMATION, OR REMOVAL
Place National Cem Date Sept 11, 1934

UNDERTAKER Mary M Wiedefeld Sons
(Address) 857 N Howard St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 9/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of Disease
Probably Myocardial Insufficiency	
" Angina)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. H. Owens Coroner, M. D.

(Address) 5086 Harford Ave

M. D. F. 266

F 04675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04675

CERTIFICATE OF DEATH

9

Registered No. ?

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Scheder

(a) Residence: No. 2816 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 24, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Scheder

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Carrie Bardusz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT George Scheder

(Address) 2816 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept. 11, 1934

19. UNDERTAKER Edw. F. Lilly

(Address) 641 Belair Rd.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934 to Sept 10, 1934

I last saw h[illegible] alive on Sept 10, 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2 Weeks

Other contributory causes of importance:

Acute Cardiac Failure	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myron G. Tuck M. D.

(Address) Sydenham Hosp

D. B. 1929 F 04676 ✓ F 04676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 14-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Gertrude Stewart

(a) Residence: No. 1517 Mount Royal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of R. Calvert Stewart —

DATE OF BIRTH (month, day, year) June 21 - 1882

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
42 —	—	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Balto. City

13. NAME Frank E Brassler —

14. BIRTHPLACE (city or town) (State or country) New York City N. Y.

15. MAIDEN NAME Emma A Eckmann

16. BIRTHPLACE (city or town) (State or country) Balto City

INFORMANT Mr. Frank E. Brassler Trustee

(Address) 125 S. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Sept. 11th 1934

UNDERTAKER Lilly & Zeiler Inc.

(Address) 402 E. Fayette St.

11934 Funeral Director's Signature Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-8 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934 to Sept 8 1934

I last saw her alive on Sept 7 1934 Death is said to have occurred on the date stated above, at. 2 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized polyposis of colon	Approx. June 1924
Carcinoma of colon	" " "

Other contributory causes of importance:

Anaemia	Approx. August 1934
Cardiac failure	Sept. 1934

Name of operation Resection of colon Date of 8-28-34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

H. D. P. 1268-9

04677

F 04677

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 201 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Caff

(a) Residence: No. 401 S. Ellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 22, [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	4	16 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital 086

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Micheal Caff

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Regina ? Morgan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Harford Rd. Date Sept. 12, 1934

UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S. Wolfe St.

P 11 1934 [illegible] Wife [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to Sept 9, 1934

I last saw him alive on Sept 9, 1934. Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1925
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) M W Jacobs, M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

F 04678

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04678

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1166 Cleveland St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael J. McDonnell

(a) Residence: No. 1166 Cleveland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Burga L. McDonnell

DATE OF BIRTH (month, day, year) Sept 12th 1889

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 109

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Samuel Miller

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James McDonnell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret McCarthy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Burga L McDonnell

(Address) 1166 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/13/ 1934

19. UNDERTAKER John J Cowan & Son

(Address) 601 Hollins St.

FILED 9-11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/4/ 1934 to 9/10/34 19.....

I last saw h— alive on 9/10/34 19..... Death is said to have occurred on the date stated above, at 12.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Diff. Neph. Hypertension	?

Other contributory causes of importance:

Cerebral Apoplexy	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard J. Fury, M. D.

(Address) 1210 Linwood

D. B 1263-9

04678 HEALTH DEPARTMENT—CITY OF BALTIMORE E 04678

CERTIFICATE OF DEATH

Registered No. 108 E 4679

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6 No Calhoun St., 19-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J. F. Sloatfield

(a) Residence: No. 6 No Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 31-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing
10. Date deceased last worked at this occupation (month and year) 1913
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Fredrick Sloatfield
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Mary E. Heldmann
16. BIRTHPLACE (city or town) (State or country) Baltimore
17. INFORMANT William Sloatfield
(Address) Harford Co. Md.
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/11/01, 19
19. UNDERTAKER George L. Schwartz
(Address) 2101 Fredrick Ave
20. FILED 1901 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1901
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 5-01

Other contributory causes of importance:
None

Name of operation ... Date ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John F. Valentine M. D. Coroner
(Address) 16 S. Howard

04680 Duplicate - Original Certificate lost E 04680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 108

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 21st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Littleton Hardy

(a) Residence: No. 1029 W Cross St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Male	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME Leroy Hardy.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Friends of Family

(Address) St Agnes Hosp

BURIAL, CREMATION, OR REMOVAL

Place Date , 19

UNDERTAKER

(Address)

FILED , 19 Registrar

SEP 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 . 1934 to Sept 9 . 1934

I last saw him alive on Sept 9 . 1934 Death is said to have occurred on the date stated above, at 11 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	8-28-34
Marasmus	8-30-34
Lobar pneumonia	9-8-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl G Norbol, M. D.

(Address) St Agnes Hosp.

F 04681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04681

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Westphal Pl St., 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Owen Connolly

(a) Residence: No. 1803 Westphal Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 20 - 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 88
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

13. NAME James P. Connolly

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

15. MAIDEN NAME Mary G. Browning

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Mary B. Connolly
(Address) 1803 Westphal Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Sept. 12 1934

19. UNDERTAKER Geo. F. Beyer Sr
(Address) 812 Eutaw St.

20. FILED 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Sept. 9 1934
I last saw him alive on Sept. 6 1934. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6/1/34
Other contributory causes of importance: Exhaustion	9/8/34

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) H. H. Campbell M. D.
9/11/34 (Address) 1644 Hanover St

D. B. 1268-9

F 04682

F 04682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Bond St. Ward) Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Fleming

(a) Residence: No. 806 W. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of Joshua Fleming

DATE OF BIRTH (month, day, year) March 20, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ollie Mizell
(Address) 806 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/12 19

19. UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St.

20. FILED [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to Sept 9 1934

I last saw him alive on Sept 5, 1934 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	9/1/34

Other contributory causes of importance: Nephritis Acute, Edema Cardiac, Arteriosclerosis

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Young M. D.

(Address) 1724 E. Monument St.

(Alice J. Dobbin)

F 04683

H. D. P. 1268-9

4683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Eden and 16-01 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice J. Dobbin

(a) Residence: No. 1006 Eden and St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Dobbin

DATE OF BIRTH (month, day, year) May 31 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md.

13. NAME James Burke

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice Burke

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Mrs. Robert Elliott

(Address) 1006 Eden and

18. BURIAL, CREMATION, OR REMOVAL Lot 772-4

Place Greenmount Cem. Date Sept 12th 1934

19. UNDERTAKER Mrs. Robert Elliott - Daughter

(Address) 1129 Hartwick St.

Date Washington D.C. Registered

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9/34 19

22. I HEREBY CERTIFY, That I attended deceased from 8/31/34 to 7/9/34 19

I last saw ... alive on 7/8/34 Death is said to have occurred on the date stated above at 4:22 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Nephritis	
Other contributory causes of importance: High Blood Pressure	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Slade M. D.

(Address) 4 E Mt Vernon Pl

D. B. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04684

04684

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) A-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Williams

(a) Residence: No. 625 W. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Feb 11 1934

UNDERTAKER

(Address)

FILED 1934 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-31-34

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feller M. D. Coroner

(Address) 5739 Eastern Ave.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4685

CERTIFICATE OF DEATH

F 04685

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3 S. Frederick St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph Russell

(a) Residence: No. 3 S. Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) unknown

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 40			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ?
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Washington
(State or country)

10. NAME unknown

11. BIRTHPLACE (city or town) unknown
(State or country)

12. MAIDEN NAME unknown

13. BIRTHPLACE (city or town) unknown
(State or country)

14. INFORMANT .....
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lowly Cem. Date Sept 11 , 1934

16. UNDERTAKER [illegible]
(Address) Huntington Williams, Inc.
1934 Registrar.

CITY MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on August 1 , 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis about yr	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Fenton , M. D.
Coroner

(Address) 7006 Chase

D. B. 1268-9

F 04686

04686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Kaczynski

(a) Residence: No. 8133 Avenue St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edom Kaczynski

6. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1934 | 11. Total time (years) spent in this occupation: Life

BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Edom Kaczynski

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Barbara

16. BIRTHPLACE (city or town) (State or country): Poland

INFORMANT: Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Cemetery Date: Sept. 13th. 1934

UNDERTAKER: George A. Weber
(Address): 703 S. Amity Street

FILED: Sept. 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934 to Sept 10 1934
I last saw her alive on April 18 1934. Death is said to have occurred on the date stated above, at 12:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast with Regional Metastasis	6 Months
Other contributory causes of importance: Broncho-Pneumonia	9/1/34

Name of operation: Mastectomy Date of: 8/6/34
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Rosenstock M.D.
(Address) Balto City Hospitals

1934

D. B. 1268-9

F 04687

687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 131

1. PLACE OF DEATH United States Marine Hospital
CITY OF BALTIMORE: (No. Baltimore, Md. St., 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Claude N. James

(a) Residence: No. Gilman Apts. E 2, Balto., Md. St., ... Ward. Flat Rock N.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Painter James

DATE OF BIRTH (month, day, year) December 3, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66
10. Date deceased last worked at this occupation (month and year) 1-15-34
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Winston Salem N. C.

13. NAME John T. James

14. BIRTHPLACE (city or town) (State or country) Alexandria Ala.

15. MAIDEN NAME Helen T. Morrison

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL
Place Lexington Cem. Date 9/12/34

UNDERTAKER Geo. [illegible] Sons
(Address) 1125 Hanover St.

FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11 1934

22. I HEREBY CERTIFY, That I attended deceased from August 23 1934 to September 11 1934
I last saw him alive on September 11 1934 Death is said to have occurred on the date stated above, at 12:20 m. Midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	Unknown
Valvular heart disease, mitral insufficiency	"
Myocarditis, chronic c congestive failure	"
Other contributory causes of importance:	
Anemia, secondary	"

Name of operation none Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm Gorder, M. D.
(Address) U.S. Marine Hospital
Baltimore, Md.

D. B 1268-9

F 04688

HEALTH DEPARTMENT—CITY OF BALTIMORE

4688

CERTIFICATE OF DEATH

√94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Spring St St. 5-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 16 yrs. ... mos. ... ds.

2. FULL NAME Brina Chayet

(a) Residence: No. 121 N. Spring St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of David

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Schlossberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sophia ?????

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT David Chayet
(Address) 121 N. Spring St

BURIAL, CREMATION, OR REMOVAL

Place Jewish Southern Ave Date 9-12-34, 19

UNDERTAKER Jacob Levin & Son
(Address) 707 E. Baltimore St

FILED 1934 Huntington ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, about 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Probably Coronary thrombosis Genl Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner, M. D.

(Address) 506 E. Lexington

F 04689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

04689

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on arrival at St. Joseph Hospital St., 8-01 Ward)

2. FULL NAME Humphrey Kelleher

(a) Residence: No. 1932 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)
AGE: Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Ireland
12. NAME OF FATHER: Peter Kelleher
13. BIRTHPLACE (city or town) (State or country): Ireland
14. MAIDEN NAME OF MOTHER: Ellen Leahy
15. BIRTHPLACE (city or town) (State or country): Ireland
16. INFORMANT: Catherine Kelleher (sister)
(Address): 1718 N. Bethel St

17. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Date: Sept 12, 1934
18. UNDERTAKER: Rita Wiedefeld
(Address): 91 + Greenmount Ave
19. Filed: 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sep 9/34, 19
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ... before 6 A.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset
Shock-Loss of blood-scalp wound

Other contributory causes of importance:
Acute Alcoholism

Name of operation ... Date of
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide: accident Date of injury 9/9/34
Where did injury occur? Balto. Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Felldown stairs in home
Manner of injury 2nd to 1st floor
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner, M. D.
(Address) 508 E ...

F 04690

M. D. B. 1268-9

04690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 W. Saratoga St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Condos

(a) Residence: No. 208 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Lottie Laura Condos

6. DATE OF BIRTH (month, day, year) Jan. 1st 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greece

MOTHER FATHER

13. NAME John Condos

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lottie Laura Condos

(Address) 208 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Orams Cemetery Date 9/13, 1934

19. UNDERTAKER Friedrich Bassler Son

(Address) 7401 Belair Road

Filed ..... 19.. Registrar.

SEP 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12/34, 19.., to Sept. 11/34, 19.. I last saw him alive on Sept. 10/34 19.. Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Cirrhosis of Liver.	
Other contributory causes of importance:	
Chronic Paranchymatous Nephritis.	Unknown

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ernest Haeschen M.D.

(Address) 933 Hanover st.

D. B. 1268-9

F 04691

4691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4832 Park Heights Ave. 27-61 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lulu May Collier

(a) Residence: No. 4832 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of C. Sterling N. Collier

6. DATE OF BIRTH (month, day, year) Nov 24-1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

13. NAME OF FATHER Daniel E. Fisher

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

15. MAIDEN NAME OF MOTHER Pamelia R. Garnett

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Mrs. Mary C. McClung

(Address) 4832 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Sept 13 1934

19. UNDERTAKER Wm. H. Ingram

(Address) Park & Druid

FILED Sept 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to Sept. 10 1934

last saw her alive on Sept 10 1934 Death is said to have occurred on the date stated above, at 1130a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	July 1
Chronic Brights Disease	1933
Diabetes Mellitus	1932

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Specify) ...

(Signed) Wm. H. Mortimer M. D.

(Address) 2301 N. Fulton Ave

D. P. 5268-9

F 04692

4692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Southway 12-01 St., Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Capt. Charles Willis Wright

(a) Residence: No. 403 Southway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia Sophia Wright

DATE OF BIRTH (month, day, year) Oct 7 - 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. Y. Steamboats

10. Date deceased last worked at this occupation (month and year) Inspector

11. Total time (years) employed in this occupation

BIRTHPLACE (city or town) (State or country) Caroline Co Md

13. NAME Willis Wright

14. BIRTHPLACE (city or town) (State or country) Southerly Co Md

15. MAIDEN NAME Margaret L. Patchett

16. BIRTHPLACE (city or town) (State or country) Caroline Co Md

INFORMANT Margaret L. Wright

(Address) 403 Southway

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Sept 1, 193[illegible]

UNDERTAKER Wm. Tyler Sons & Mann

(Address) [illegible]

Filed [illegible] 193[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1930

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930 to Sept 9, 1930

I last saw him alive on Sept 7, 1930 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Lisle Long M. D.

(Address) 418 Southway

T 1934

M. D. B. 1268-8

04693

HEALTH DEPARTMENT—CITY OF BALTIMORE

04693

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 860 - Vine St. 18-01 Ward)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgianna Taylor

(a) Residence: No. 860 - Vine St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced (or) WIFE of George Taylor

7. DATE OF BIRTH (month, day, year) 8-30-1879

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. genl housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 070

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore city

13. NAME James Ridgeway

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Adeline Divine

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Estelle Tilghman.

(Address) 860 - Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 9/12/34

19. UNDERTAKER Chas. S. Cooper

(Address) 504 N. Calhoun St.

... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.9.34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9.6 . 1934 to 9.9. . 1934

I last saw h[illegible] alive on 9.8. . 1934 Death is said to have occurred on the date stated above, at 7:25 [illegible]m. (A.M.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Cerebral hemorrhage	9.5.34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St.

D. B. 1268-9

F 04694

4694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dominick Schaefer

(a) Residence: No. 1618 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charlotte

7. DATE OF BIRTH (month, day, year) Dec. 2, 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 yrs	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edward.

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Mary Kaa

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rueda (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross, G. Q. Co. Date Sept. 13 1934

19. UNDERTAKER Margaret E. Flynn (Address) 519 N. Gilmor St.

1834 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Sept 10 1934

I last saw h[illegible] alive on Sept 10 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerosis & Coronary occlusion Myocardial Insufficiency	2 hrs
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

D. B 1268-8

E 04695

HEALTH DEPARTMENT—CITY OF BALTIMORE

695

CERTIFICATE OF DEATH

V 183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Fleet & East Falls Ave St. 3-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alexander Chrzanowski Konopka

(a) Residence: No. 1318 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Casimir Chrzanowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Alexandra Kurkowska

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mother
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 9/12 1934

UNDERTAKER F. H. Ozarowski
(Address) 1930 Gates Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... Death is said I last saw h... alive on ..., 19... to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Ac Date of injury Sept 8, 1934

Where did injury occur? Fleet & E. Falls Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 1325 N Patterson Park Ave

11 1934

M. D. B. 1268-0

F 04696

HEALTH DEPARTMENT—CITY OF BALTIMORE

04696

CERTIFICATE OF DEATH

V 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 S Smallwood St., 20-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Lee Green

(a) Residence: No. 350 S. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 25th 1918

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or county) Baltimore Md
(State or country)

13. NAME Edward Lee Green

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Bertha Virginia Long

16. BIRTHPLACE (City or town) Pikesville Md
(State or country)

17. INFORMANT Edward Lee Green
(Address) 350 S Smallwood St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 9/13/34 19
Place

19. UNDERTAKER F. P. Weatherholt & Son
(Address) 722 Eutaw Place

Filed SEP 11 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9th 1934 to Sept 10th 1934
I last saw him alive on Sept 10 1934 Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	9/5/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Hemming M. D.
(Address) 2000 Hollins St.

D. H. 1269-P

F 04697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

04697 ✓ 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel M. Harris

(a) Residence: No. 1723 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine (Wilson)

DATE OF BIRTH (month, day, year) Dec 3/1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

13. NAME Alexander Harris

14. BIRTHPLACE (city or town) (State or country) Lynchburg, Va

15. MAIDEN NAME Nettie Hensley

16. BIRTHPLACE (city or town) (State or country) Lynchburg, Va

INFORMANT Virginia Harris Gemmill
(Address) 2042 Loretta Ave

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Sept 12 1934

UNDERTAKER John C. Miller
(Address) 2335 E. Oliver St

Name of Undertaker

Registrar.

SEP 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., 19... Death is said I last saw h... alive on ... 19... to have occurred on the date stated above, at 8.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Acute Ft frontal sinusitis	2 das
Other contributory causes of importance:	
Frac lt femur	Jul 31
Genl Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 7/31/34

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place inhome-bed room

Manner of injury slipped on arising from

Nature of injury bed.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John C. Miller, M. D.

(Address) 508 E Fayette

D. P. 1268-9

F 04698

04698 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 167

CERTIFICATE OF DEATH

Registered No. 415-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Chatham Rd Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Ewell

(a) Residence: No. 3820 Chatham Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Nellie C. Ewell

6. DATE OF BIRTH (month, day, year) May 14th 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

13. NAME Littleton P. Ewell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emily Broughton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nellie G. Ewell

(Address) 3820 Chatham Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date Sept 12th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 12 1934

19. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Pistol wound of brain.	
Other contributory causes of importance:	

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury Sept 10th 1934

Where did injury occur? 3820 Chatham
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Pistol wound

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Funk, M. D. Coroner

(Address) Coroner

D. B 1268-9

F 04699

04699 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St., 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma E. Edwards

(a) Residence: N1200 Valley St- Little Sisters of Poor
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Emery J. Edwards

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Carlton

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Sister Stanislas
(Address) 1200 Valley St

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept 12, 1934

UNDERTAKER Rita Windfeld
(Address) 914 Monument St

FILED Sept 13 1934 Registrar. Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Muocardial Failure	
Other contributory causes of importance:	
eneral Arteriosclerosis	
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autop no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... , M. D. Coroner

(Address) 5086 York Rd

F 04700

F 04700

289764

Red

V 23

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Harris

(a) Residence: No. 839 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color: Colored

5. Single, Married, Widowed, or Divorced (write the word): Child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): Sept 10 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Paul Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Roberta Herbert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 12 1934

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Schroeder St

FILED SEP 12 1934 Commissioner [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1934 to Sept 9 1934

I last saw him alive on Sept 9 1934. Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, tuberculous	8-25-34
Other contributory causes of importance:	
Tuberculosis, miliary	8-1-34

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Francis D Schweinfest M. D.

(Address) John Hopkins Hospital

D. 04701 Dr Seidel 2404 Eutaw Pl 4701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Whittier St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Rebecca Lorenson

(a) Residence: No. 2010 Whittier ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maurice Lorenson

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: Ephriam Meister

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Esther

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rubin H. Lorenson

(Address) 3306 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL: Herring Run Date 9-12-34

19. UNDERTAKER: Aug. Lenz & Son

(Address) 1439 E. Baltimore St

FILED SEP 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb — 1934 to Sept-11-1934

I last saw her alive on Sept-11-1934 Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

D. P. 1268-9

Sept 04702

04702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Eutaw Place St. 14-C Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Epstein

(a) Residence: No. 1700 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wife

(Address)

BURIAL, CREMATION, OR REMOVAL Sinai Hebrew Cemetery Date 9-12-34 19

UNDERTAKER Louis Levi Inc

(Address) 1431 E. Baltimore St

FILED 9 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-34 19

22. I HEREBY CERTIFY, That I attended deceased from 9-10- 19 34 to 9-12- 19 34

I last saw h in alive on 9-12- 1934 Death is said to have occurred on the date stated above, at 330 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	acute

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis J Jacob M. D.

(Address) 1700 Eutaw Place

Renate E. Zerowski

04703 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04703

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Orpington Road ST. 28-01 WARD)

2-FULL NAME Renate E Zerowski

(a) RESIDENCE NO. 637 Orpington Rd ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or ~~Divorced~~, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of F W & J M Zerowski

6 DATE OF BIRTH (month, day, and year) July 9th 1854

7 AGE 80 Years 2 Months 1 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Peter Zielke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Zielke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. George Leroy (Address) 637 Orpington Rd

15 Filed 12 1934 .19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1934, to Sept 9th, 1934, that I last saw h.. alive on Sept 9th, 1934, and that death occurred, on the date stated above, at 2.50 A m.

The CAUSE OF DEATH* was as follows:

Congestion of lungs
Pneumonia Terminal

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph Gichner M. D.

9/10, 1934 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 9/13 1934

20 UNDERTAKER Harry D. Dietz & Co. 401 Edmondson Ave

ADDRESS

F 04704 F 04704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-61 Ward)

Length of residence in city or town where death occurred 3x yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Lee Chambers (Richard Lee Chambers)

(a) Residence: No. Long Beach, Little River Baltimore Co. St., Ward. B 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M. Chambers

DATE OF BIRTH (month, day, year) September 14, 1875 9-14-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. Lee Chambers Co., Inc

10. Date deceased last worked at this occupation (month and year) August 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Annes County, Md

13. NAME OF FATHER R. W. Chambers

14. BIRTHPLACE OF FATHER (State or country) Queen Annes Co. Md

15. MAIDEN NAME OF MOTHER Sarah Nowell (Sarah Nowell)

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria, Va.

INFORMANT Patient Union Memorial Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date Sept. 13 1934

UNDERTAKER Walter H. Cook
(Address) 1003 W. Baltimore St.

FILED 12 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-9 1934 to 9-10 1934

I last saw him alive on 9-10 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
	Carcinoma of Rectum	April 34
	Generalized metastases	

Other contributory causes of importance:

Procedures: Exploratory laparotomy, Proctectomy, Biopsy, Path

Name of operation Date of 8-16-34

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, how?

(Signed) [illegible] M. D.

(Address) U M Hosp

BACo. 5-31 2508

F 04705

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04705

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Madison St. 10-61 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Bishop -

(a) Residence: No. 1209 Madison St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Bishop

DATE OF BIRTH (month, day, year) June 19-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	-	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

13. NAME George Talbott

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julia Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jacob Bishop

(Address) 1204 Madison ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Harford Co. Date 9/13/34

19. UNDERTAKER Frances A. Hemsley

(Address) 518 W. Biddle St.

21934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1934 to Sept 9, 1934

I last saw her alive on Sept 8, 1934 death is said to have occurred on the date stated above, at 3.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - Rt Lt Side / Brain	8/20-34
Other contributory causes of importance: Inter Stitial Nephritis	2 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. A. Wright M. D.

(Address) 1209 Druid Ave

H. D. B. 1268-9

F 04706

F 04706 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Ellwood ave St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew P. Thompson

(a) Residence: No. 29 N. Ellwood ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maud E. Thompson

DATE OF BIRTH (month, day, year) July 28, 1862

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light Master

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Andrew Thompson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ~~Unknown~~ Freckle

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Maud E. Thompson

(Address) 29 N. Ellwood ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 13, 1934

UNDERTAKER John A. Mogel

(Address) 3006 E. Baltimore St.

12 1934 ... Fairfield Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from SSept. 13, 1933 to Sept. 10/34, 19...

I last saw him alive on Sept. 10/34 4 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of cecum.
Duration from history, from Sept. 1933 to date of date.

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NONE. Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify NONE.

(Signed) B. V. Kelly M.D. M.D.

(Address) 100 N. Ellwood Ave.

D. H. 1268-9

04707 E 04707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) dead on arrival at St., 8-01 (Ward)

Hopkins Hospital

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. O'Donnell

(a) Residence: No. 1632 Lansing Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 21/1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	9	20 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric "orker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 8/20/31

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John E. O'Donnell

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine O'Donnell

(Address) 1632 Lansing Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date 9/13 19 34

19. UNDERTAKER J. E. Moran & Sons

(Address) 300 E. Balto. St.

19 2193 4 For Wm. Klein, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 10/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

(Reported to have had heart trouble)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 508

F 04708

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04708

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 14-21 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 27 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adeline Dorsey

(a) Residence: No. 1201 Druid St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, year) Aug 1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Lee Tull

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Provident Hospital Record

(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Sept 7, 1934

19. UNDERTAKER Geo. C. Peterson

(Address) Pennsylvania Ave, Md

20. FILED Sept 19, 1934 Registrar

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to Sept 11, 1934

I last saw her alive on Sept 11, 1934 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction days	
over	
Other contributory causes of importance:	
Lost operative for Peritoneal Adhesions	

Name of operation Exploratory Laparotomy Date of 9-2-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert Higgins M. D.

(Address) Provident Hospital

D. P. 1269-9

F 04709

F 04708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Powell

(a) Residence: No. 414 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

If married, widowed, or divorced: HUSBAND of (or) WIFE of William (dead)

DATE OF BIRTH (month, day, year) ? 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Montgomery Co. Md

12. NAME David Bell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ethnie ?

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT (Address) Records Balt. City Hosp

BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Sept. 12 1934

UNDERTAKER (Address) Mrs. George A. Gollat 1631 Druid Hill Ave

DATE 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1933 to Sept 8 10 1934

I last saw her alive on Sept 8 10 1934 Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Left due to Old Cerebral Hemorrhage	1 yr. ?
Cystitis	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 04710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 14-03 Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Helen Moten

(a) Residence: No. 1422 Argyle Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Florence Moten

6. DATE OF BIRTH (month, day, year): 2 1884

7. AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Howard Moten

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: [illegible] Brinker

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Florence Moten

(Address) 1422 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept. 14. 1934

19. UNDERTAKER: Mrs. George R. Rollen

(Address) 763 D and 762 W Pratt

FILED 19 Registrar.

12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/34 19

22. I HEREBY CERTIFY, That I attended deceased from 8-21-34 19 to 9-11-34 19

I last saw him alive on 9-11-34 19 Death is said to have occurred on the date stated above, at 4 45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Cardiovascular Disease

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Wright Rogers M. D.

(Address) President Hospital

F 04711

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04711

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Bennett

(a) Residence: No. 523 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Osborne Bennett

7. DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wellington Gibbs

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ann Nichols

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James E. Bennett

(Address) 523 Presstman

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date Sept. 14, 1934

19. UNDERTAKER Mrs. Lizzie H. Bolton

(Address) 1631 Druid Hill Ave

20. FILED Sept 14 1934 Registrar.

E 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-9-34, 19, to 9-12-34, 19

I last saw her alive on 9-12-34, 19. Death is said to have occurred on the date stated above, at 1:38 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Nephritis	
Hypertensive Cardiovascular Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Jeffrey Porter M. D.

(Address) Provident Hospital

M. & T.—100 B—50L

F 04712

F 04712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST., 8-01 WARD)

2-FULL NAME Louis J. Pitman.

3a) RESIDENCE NO 2214 Hennemen St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
le	White	Single

6 If married, widowed, or divorced (HUSBAND) of (or) WIFE of Son of Wm.N. Pitman.

7 DATE OF BIRTH (month, day, and year) Jan. 8,1920

8 Years	Months	Days	If LESS than 1 day, hrs. or min.
14	-	-	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At School
(b) General nature of industry, business, or establishment in which employed (or employer) ---

10 (a) Name of employer none

11 BIRTHPLACE (city or town) Baltimore Md.
(State or country) Md.

12 NAME OF FATHER William N. Pitman

13 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland.

14 MAIDEN NAME OF MOTHER Mary Hladky.

15 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

Informant Mr.Tycer
(Address) 2214 Hennenan St

Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Automobile accident

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fell off tail gate of a truck while crossing Madison & East Ave

Did an operation precede death? no Date of

Was there an autopsy? no 9/10/34

What test confirmed diagnosis? None

(Signed) Joseph O'Leary, M. D. Coroner

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeamer

DATE OF BURIAL Sept.14 1934

20 UNDERTAKER Milton Schilling.

ADDRESS 1122 E. Monument St.

D. P. 1268-9

✓F 04713

04713 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 McCabe Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Taylor

(a) Residence: No. 741 McCabe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Taylor

6. DATE OF BIRTH (month, day, year) 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Robert Thomson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Charlotte Thomson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. C. Quinn

(Address) 741 Mc Cabe Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ontario, Canada Date 9/12/34 19

19. UNDERTAKER Mary M. Weidefeld & Son

(Address) 801 E. 31st St.

19. FILED 9/12 1934 Washington Blvd. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1934 to Sept 11 1934

I last saw her alive on Sept 11 1934 Death is said to have occurred on the date stated above, at 5 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute respiratory infection	9-8-34
Bronchopneumonia	9-9-34
Other contributory causes of importance:	
Senility - Arteriosclerosis	
C.V. disease.	
Auricular fibrillation	1-10-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Nelson Carey M. D.

(Address) 1014 St Paul St

12 1934 Washington Blvd. Registrar.

D. B. 1268-9

04714 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04714

CERTIFICATE OF DEATH

X 151

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp 14-St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Jones

(a) Residence: No. Eastport Ann. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Annapolis Md

13. NAME OF FATHER Geo A Jones

14. BIRTHPLACE (City or town) (State or country) Annapolis Md

15. MAIDEN NAME OF MOTHER Stella M Pendrick

16. BIRTHPLACE (City or town) (State or country) Annapolis Md.

17. INFORMANT Geo A Jones
(Address) Eastport Md

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date Sept 12 1934

19. UNDERTAKER H L Hopkins
(Address) Annapolis Md.

20. FILED Sept 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934, to Sept 12, 1934

I last saw him alive on Sept 12, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	8/26
Other contributory causes of importance: Furuncle	8/19

Name of operation Pericardiostomy Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Herbert Gladstone M. D.

(Address) University Hosp

H. D. P. 1268-9

F 04715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 13-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Penner

(a) Residence: No. 3414 Hickory Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 30, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Gilbert Penner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Myrtle Boulden

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Gilbert Penner

(Address) 3414 Hickory Ave.

BURIAL, CREMATION, OR REMOVAL

(Place) St. Mary's Cemetery Date 9-14-34

UNDERTAKER Howard N. Bligh Jr

(Address) 1418 N. Eutaw St

FILED ... 19 ... Huntington, West Virginia, ...

SEP 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 5:30 P.M., 1934, to Sept 11 7:35 P.M., 1934.

I last saw her alive on Sept 11, 1934. Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-10
T. B. Coarser	

Other contributory causes of importance:

Name of operation None Date of no

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H. Conley Jr., M. D.

(Address) Union Memorial Hospital

716-9 ✓ F 04716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital 8-01 Ward)

8 Hours

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Mary Busch

(a) Residence: No. 1515 N Collington Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 9-11-34

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edward L. Busch

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mary C. Staylord

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mary C. Busch

(Address) 1515 N. Collington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cemetery Date Sept 12, 1934

19. UNDERTAKER Albert J. Miller

(Address) 1014 N Chester Street.

20. FILED Sept 13 1934 Huntington Wisner Registrar

EP 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1934 to 9-11, 1934

I last saw him alive on 9-1, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	9-11
6 1/2 mos.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. F. Comey M. D.

(Address) Vol. Hospital

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17 F 04717

X 135

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. 2 weeks ds.

2. FULL NAME Ralph Blanchard

(a) Residence: No. Arundel Hotel Baltimore, Md. St., Ward.

(Usual place of abode)

3. Orlando, Florida (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eleanor Moore

DATE OF BIRTH (month, day, year) March 26, 1888.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 666

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Eustis Maine

13. NAME Ormeneal Blanchard

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Abby Hutchins

16. BIRTHPLACE (city or town) (State or country) New Portland Maine

INFORMANT (Address) Mary Eleanor Blanchard 419 Broadway, Orlando, Florida

BURIAL, CREMATION, OR REMOVAL Place Eustis Maine Date 9/14/34 19

UNDERTAKER (Address) George J. Griffith Inc 1735 Harford Ave Balto

19 Registrar.

EP 13193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-toxemia	
Extravasation of urine	
Other contributory causes of importance: Urethral Stricture	
Operation: Suprapubic cystotomy with perineal drainage Date 9/10/34	

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

D. B. 1268-9

04718

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04718

CERTIFICATE OF DEATH

80

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 N. Bentalou St., 16-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Wadkin

(a) Residence: No. 832 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Emma Wadkin

6. DATE OF BIRTH (month, day, year) Mar 31st 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

13. NAME George Wadkin

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Eliza Pardon

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Emma Wadkin

(Address) 832 N. Bentalon St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Sept 11th 1934

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Sept 13 1934 Registrar

~~EP 13 1934 Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1933 to Sept 11th 1934

I last saw h~~im~~ alive on Sept 11th 1934 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

Tabes Dorsalis (non specific).

Date of onset Probably 2 or 3 years before death

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Weibel M. D.

(Address) 1214-26 Hanover St

9/13/34

D. F. 1268-9

F 04719

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04719

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 42-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest F. (Mrs) Lillian McCandlee.

(a) Residence: No. 440 East 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Theresa McCandlee.

6. DATE OF BIRTH (month, day, year) March 15, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Daniel McCandlee.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lawlis

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. McCandlee.

(Address) 411 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 14th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Registrar

P 131934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, 19 . to Sept 11, 1934. 19 .

I last saw him alive on Sept 11, 1934. 19 . Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Asthmatic Bronchitis	May 1934
2) Bronchiectasis	

Other contributory causes of importance:

4) Bronchial pneumonia	Sept 6, '34
3) Progressive failure of Right side of Heart	

Name of operation Bronchoscopies (4) Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) Mercy Hospital

720

D. B. 1268-9

F 04720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., 9-81 Ward)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William George Ortman

(a) Residence: No. 1741 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Bertha Westina Ortman

DATE OF BIRTH (month, day, year) May 26, 1882

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
52	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Paint Shop

10. Date deceased last worked at this occupation (month and year) Sept 1934 | 11. Total time (years) spent in this occupation 22

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles Ortman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Wurmser

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Oakdawn Cemetery Date Sept 14, 1934

UNDERTAKER Chas. H. Black
(Address) 742 W. Fayette ave

FILED 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to Sept. 11, 1934

I last saw h[im] alive on Sept 11, 1934 Death is said to have occurred on the date stated above, at 6 55 a m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular-renal dis

Date of onset

Other contributory causes of importance:

Cerebral hemorrhage - secondary anemia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) H. E. Proctor, M. D.

(Address) Md Gen Hospital

B. B. 1268-9

F 04721

04721 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Brundesh - William Ralph Brundick

(a) Residence: No. 4005 Carlisle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of Emma Catherine Brundick (or) WIFE of ~~Emma Catherine Brundick~~

6. DATE OF BIRTH (month, day, year) Aug 1 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 130

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto County

13. NAME Rudolph Brundick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rebecca Heldenberg

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 13 34

UNDERTAKER H. Tucker Lowe
(Address) Govans Md

FILED EP 13134 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/3 1934 to 9/11 1934

I last saw h[illegible] alive on 9/11 1934 Death is said to have occurred on the date stated above, at 8.45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: Anemia	9/10/34

Name of operation Exploratory laparotomy Date of 9/6/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Philip A. Duchey M. D.

(Address) Maryland Gen. Hosp.

M. D. B. 1268-B

F 04722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. B. G. H. St., 15-01 Ward)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY A. REESE

(a) Residence: No. 3300 Liberty Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of Lola Reese

6. DATE OF BIRTH (month, day, year) Sept 24, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard County Md
(State or country)

13. NAME Henry E. Reese

14. BIRTHPLACE (city or town) Howard County
(State or country)

15. MAIDEN NAME Mary Ellen Gray

16. BIRTHPLACE (city or town) Carroll Co
(State or country)

17. INFORMANT Mrs Lola M. Reese
(Address) 3300 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 14, 1934

19. UNDERTAKER Old Fellows Home
(Address) Forest Park Ave

Filed Sept 14 1934 Huntington Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934 to Sept 12, 1934
I last saw him alive on Sept 12, 1934 Death is said to have occurred on the date stated above, at 4:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HEART FAILURE	
Other contributory causes of importance:	
SENILITY	
Hypertrophied Prostate	
1) Supra pubic Cystotomy = 8/11	
Name of operation 2) Prostatectomy Date of 8/16	

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) M. D.
(Address) W. K 405

13934

D. B. 1268-9

F 04723

04723 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2050 E. Federal St., 8-01 Ward)

Length of residence in city or town where death occurred 50+ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Binaw

(a) Residence: No. 2050 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
(or) WIFE of Conrad A. W. Binaw

6. DATE OF BIRTH (month, day, year) March 4 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Thomas Hamilton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Henry Binaw

(Address) 2060 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL County

Place Holy Redeemer Date Sept 14 1934

19. UNDERTAKER Henry Hoeck & Sons, Inc

(Address) 1301 E. Eager St

20. Filed Sept 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11 1934

I HEREBY CERTIFY, That I attended deceased from Sept 5 1934 to Sept 11 1934

I last saw her alive on Sept 10 1934 at 8:30 a.m. Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Mitral Regurgitation	about 9 yrs
(b) Varicose Ulcers	9 yrs
(c)	

Other contributory causes of importance:

Acute Cardiac Dilatation | 10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 811 Madison Ave

04724

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04724

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-A Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Talbert Diggs

(a) Residence: No. 15 E. Lord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Georgia

DATE OF BIRTH (month, day, year): Dec. 31, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Baltimore

BIRTHPLACE (city or town) (State or country)

12. NAME Louise

13. BIRTHPLACE (city or town) (State or country): Baltimore

14. MAIDEN NAME Rose Gross

15. BIRTHPLACE (city or town) (State or country): Baltimore

16. INFORMANT: Records

(Address): Balt. City Hosp.

17. BURIAL, CREMATION, OR REMOVAL

Place Nat. Cem. Date Sept 14, 1934

18. UNDERTAKER: Joseph A. Lively

(Address): 1409 N. Mount St.

FILED SEP 13 1934, 19

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934 to Sept 9, 1934

I last saw him alive on Sept 9, 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Glomerulo-nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. P. Mazick, M. D.

(Address) Balt. City Hosp.

F 04725

04725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No.

1. PLACE OF DEATH Enroute to
CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hecker
(a) Residence: No. 1630 Normal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Westrad Hecker

DATE OF BIRTH (month, day, year) Mar 17 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 5-7 yrs

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Hecker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Son Mr. Hecker
(Address) 1630 Normal Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 14, 1934

UNDERTAKER Edward W. Conklin
(Address) 5242 Eager St.

FILED 19 Huntington Ave.

EP 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19 . I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Probably Coronary Occlusion	

Other contributory causes of importance:

Senileity	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) 508 E Lenvale Ave Coroner

D. B. 1268

4726

F 04726

HEALTH DEPARTMENT—CITY OF BALTIMORE

289896

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Caldwell

(a) Residence: No. 2219 Hennemen Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/15/1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2 1/2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Caldwell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Beatrice Cooke

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Sept 13, 1934

19. UNDERTAKER Peter Conlon
(Address) 2005 Eutaw Pl.

20. FILED SEP 13 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1934 to Sept 11, 1934

I last saw him alive on Sept. 11, 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	9-4-34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dianey D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 04727

04727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N Fremont St., 19-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Brooks

(a) Residence: No. 815 Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Marr

If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie Brooks

DATE OF BIRTH (month, day, year) Jan 19-1815

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cecil Co Md

13. NAME Charles Brooks

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

15. MAIDEN NAME Lettie Gant

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

INFORMANT Susie Brooks

(Address) 815 Fremont Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem. Date Sept 14th 1934

UNDERTAKER The R. A. Elliott Daughter Co

(Address) 1111 Pennsylvania Ave

SEP 13 1934

Huntington White
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 29. 1934 to Sept 10. 1934

I last saw h... alive on Sept 10. 1934. Death is said to have occurred on the date stated above, at 5 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer Hemorrhage	9/1934
Cer Arteriosclerosis	7/1934
Hypertension	7/1934

Other contributory causes of importance:

Arteriosclerosis	7/1934

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Chas F Chenton M. D.

(Address) 3013 E Fayette St

F 04728

04728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1402 Battery Av. ST. 24-21 WARD)

2-FULL NAME Jos. A. Williams.

(a) RESIDENCE NO. 1402 Battery Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 23. 34.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 62

(b) General nature of industry, business, or establishment in which employed (or employer) Curtis Bay Bridge

(c) Name of employer Harbor Board.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. Hy. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Martha Jacobs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel County.

14 Informant com. M. Reisinger
(Address) 1402 Battery Av.

15 Filed SEP 13 1934 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12. 1934

17 I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1932, to Sept. 12, 1934, that I last saw him alive on Sept. 4, 1934, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 1½ yrs. mos ovr da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Johns Hopkins Hosp.

(Signed) Philip B. Fowler, M. D.

9.12.34 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Sept 15, 1934

20 UNDERTAKER Wm. F. Porter. ADDRESS 1728 N. Fulton Ave

. D. H. 1268-9

04729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04729

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Harlem Ave St. 16-11 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lloyd S. A. Roberts

(a) Residence: No. 815 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Mail	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edith M. Roberts

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter — 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Liberty Md.

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Frederick Co Liberty Md.

15. MAIDEN NAME Lucy Salvosa

16. BIRTHPLACE (city or town) (State or country) Liberty Md.

INFORMANT Edith Roberts

(Address) 815 Harlem Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 13th 1934

UNDERTAKER Elmer G Wilson

(Address) 1611 Brantley Ave

FILED SEP 13 1934 Huntington W. Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1934 to Sept. 11 1934

I last saw him alive on Sept. 11 1934 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance: C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw. J. Bradley, M. D.

(Address) 1250 Linden Ave

F 04730

D. B. 1768-8

04730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Park St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Maddox

(a) Residence: No. 1708 Lamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 24-1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4 mo	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME George T. Maddox

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Augusta Young

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Augusta Maddox

(Address) 1708 Lamont

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Sept 14 1934

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) 9 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 9 10 1934 to 9 13 1934

I last saw h[illegible] alive on 9 13 1934 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-10-34
Other contributory causes of importance:	
Delayed labor	9 10 34
Acute Acidosis	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. C. Rogers, M. D.

(Address) Provident Hosp

D. B. 1268-9

04731

F 04731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 867 Pierce St., 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley May Harvey

(a) Residence: No. 867 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced: (or) WIFE of ... 1/12/33

6. DATE OF BIRTH (month, day, year) Sept. 29 33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Gilbert Tyler

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME OF MOTHER Fanny Harvey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fanny Harvey

(Address) 867 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 13, 1934

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Hilton St. Baltimore, Md

FILED SEP 13 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-11- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Primary Broncho-pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Feller M. D.

Coroner

(Address) 2739 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

F 04732

F 04732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 6th St ST. 25-01 WARD)

2-FULL NAME Premature Male — Nvalem

(a) RESIDENCE NO. 3812 - 6th St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S., if of foreign birth? ... yrs. ... mos. 33 hrs. 33 hrs.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Wh

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 9/11/34

7 AGE — Years | Months | Days | If LESS than 1 day, 3 hrs. or 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ...

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): 3812 6th St Balto., Md.

PARENTS

10 NAME OF FATHER: Gilbert Newton Wroten

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Mrs Agnes Wolff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md

14 Informant (Address): Mrs. Agnes Wolff 3812 - 6th St.

15 9/13/1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): SEP 11 '34

17 I HEREBY CERTIFY, That I attended deceased from SEP 11 '34 to SEP 11 '34

that I last saw him alive on Sept 11th 1934

and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Premature Birth

CONTRIBUTORY (Secondary): Unobtainable (duration) ... yrs. ... mos. ... ds.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Robert W. Johnson M. D.

(Address) 356 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Sept 13 1934

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

H. D. B. 1268-9

F 04733

04733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Spates

(a) Residence: No. 1023 Bennett ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Spates

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Julius Spates

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Emma Rhodes

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 13, 1934

19. UNDERTAKER .....

(Address) .....

Sept 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9 1934

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1934 to September 9, 1934

I last saw him alive on September 9, 1934 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J Paul Coates M. D.

(Address) Baltimore City Hospitals

M. D. F. 1268-0

F 04734

04734 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 14-21

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occured ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Anderson

(a) Residence: No. 323 N. Gilmor st., St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Anderson

DATE OF BIRTH (month, day, year) Feb. 15, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs., or min.
	25	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Samuel Brandt

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Maggie ?

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Sept 12, 1934

19. UNDERTAKER [illegible] (Address)

20. FILED [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9 1934

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1934 to September 9, 1934

I last saw her alive on September 9, 1934. Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1934

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J Paul Coates M. D.

(Address) Baltimore City Hospitals

1934 Huntington [illegible]

H. D. P. 1268-0

F 04735

HEALTH DEPARTMENT—CITY OF BALTIMORE

04735

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. St., 10-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph James

(a) Residence: No. 802 E. Madison st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 15, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 023

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Sam James

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Ada Wise

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL Point of Rocks Date 9-14, 1934

18. UNDERTAKER Bryant Harris & Wrights

(Address) 214 McCaldery St

13 1934 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 34

22. I HEREBY CERTIFY, That I attended deceased from September 11 1933 to September 11 1934

I last saw him alive on September 11 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mayer W. Jacobson, M. D.

(Address) Balto City Hospitals

F 04736

M. D. B. 1205-9

4736 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 91-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (1-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Reiche

(a) Residence: No. 111 S. Curley St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 20, 1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Robert Reiche

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Bertha Debus

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Comm Date Sept 15/ 34

19. UNDERTAKER Philip Herbig Sons

(Address) 2116 Orleans St.

20. Filing Date Sept 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1934

22. I HEREBY CERTIFY, That I attended deceased (from Sept 9, 1934 to Sept 11, 1934

I last saw him alive on Sept 11, 1934 Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial endocarditis (Ulc. Stom)	8 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Phaneuf M. D.

(Address) Balt City Hosp

3 1934

D. B. 1268-9

F 04737

04737

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 174

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earn Richardson.(C)

(a) Residence: No. 32 E. Hughes St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary Hall.(C)
(Address) 32 E. Hughes St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 9/13/34

19. UNDERTAKER Isaiah C. Brown & Son
(Address) 1631 Pennsylvania Ave.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage due to stab wound of the heart.	
Homicide.	

Other contributory causes of importance:

Name of operation Wes. Heart sutured Date of 9/12/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 9/8/34, 19

Where did injury occur? 732 E. Hanover St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Stab wound.

Nature of injury Internal Hemorrhage.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

9/12/34 (Address) 1017 E. Charles St.

F. D. B. 1268-9

F 04738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Foster

(a) Residence: No. 615 N Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1-13-34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Frazier Foster

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elnora Lewis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsville Md Date Sept 13. 1934

19. UNDERTAKER Edw Bryan
(Address) 1691 Orleans St

20. FILED Sept 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 31. 1934 to Sept 10. 1934

I last saw him alive on Sept 10. 1934. Death is said to have occurred on the date stated above, at 10:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nutritional disturbance	last wk in Aug.
	Over

Other contributory causes of importance:

Intestinal stasis mucosa

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

31934

M. D. B. 1268-4

30 F 04739

04739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

1. PLACE OF DEATH Hospital for Women of Maryland

CITY OF BALTIMORE: (No. ..... St. 14-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Hamer

(a) Residence: No. East Post Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	baby

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1 '34

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
—	—	8	7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Philip Mayo Hamer

14. BIRTHPLACE (city or town) (State or country) Marion, S.C.

MOTHER

15. MAIDEN NAME May Elizabeth Edwards

16. BIRTHPLACE (city or town) (State or country) Copperhill Tenn

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Oakmont Cem. Date 19

19. UNDERTAKER
(Address)

31934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8'34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 '34 19 to Sept. 8'34 19

I last saw him alive on Sept. 8 34 19 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur Bayliss M. D.

(Address) Hospital for Women of Maryland

F 04740

HEALTH DEPARTMENT—CITY OF BALTIMORE F 04740

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 256 N Exeter ST. 5-01 WARD)

2-FULL NAME Rose Gentile

(a) RESIDENCE NO. 256 Exeter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 14 — 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Gentile

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Grace Gesrezzo

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Joseph Gentile
(Address) 256 N Exeter St

15 Sept 13 1934 16 Huntington Williams, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Endo Carditis

(duration) about 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hospital

(Signed) James M Gaulane, M. D.
Coroner

Sept 12 1934 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept 15 1934
20 UNDERTAKER Towell & Byrne, Inc	ADDRESS 3874 Edmondson Ave.

Cor.—12-9-25—A Co.—200 Bks.

04741

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

04741

x 119√

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Andrews

(a) RESIDENCE NO. Frederick, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) September 5, 1934

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	-	-	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Walter B. Andrews

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lorretta Kaefauber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mr. Hart Etchison

(Address) Frederick, Md.

Huntington Williams, M.D. Registrar

1934

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) September 12 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ulcerative entero-colitis
Ulceration of stomach with perforation. Autopsy at Hopkins

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Baer M. D.
(Coroner)

9/13/34 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Urbanna, Md.

Date of Burial: Sept. 14 1934

20 UNDERTAKER: Robt H. Cook

ADDRESS 1003 N. Baltimore St.

M. D. F. 1268-9

F 04742

04742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. — Ward) 7-01

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Marciszewski

(a) Residence: No. 2008 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella

7. DATE OF BIRTH (month, day, year) Apr. 28, 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Joseph Marciszewski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Records

(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 14 1934

19. UNDERTAKER H. W. Rogowski

(Address) 1932 Eastern Ave

Registered Sept 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1934 to Sept 10, 1934

I last saw him alive on Sept 10, 1934 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchiectasis, Collateral etiology unknown.. Date of onset Oct. 1934

Other contributory causes of importance:

Name of operation ..... Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

M. D. F 1268-9

F 04743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 04743

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 135 E Clinton St., 76-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. Parr

(a) Residence: No. 135 E Clinton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Della

7. DATE OF BIRTH (month, day, year) 12-27-82

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Adam Parr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Katharine Doyle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL Date Sept 15 34

Mem Cathedral

19. UNDERTAKER Chas E Goss

(Address) Berwyn Md.

20. FILED 3 1934 Huntington Ind. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934, to Sept 13, 1934

I last saw him alive on Sept 13, 1934 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Glioma)	1930

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 9/8/34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE B 4744

CERTIFICATE OF DEATH

744

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tuscany Apts. St., 12-41 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul G. Shipley

(a) Residence: No. Tuscany Apts St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Wilma B.

DATE OF BIRTH (month, day, year) Oct 17-1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME Sarah Paterson

16. BIRTHPLACE (city or town) (State or country) Conn

INFORMANT Dr Jos B. Wisbacher

(Address)

BURIAL, CREMATION, OR REMOVAL Place London Park Crematorium Sept 14 1934

UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED SEP 14 1934 Hampton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..... Death is said I last saw h... alive on ..... 19..... to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Fred Hoffmeister M. D. Coroner

(Address) 1763 McCulloh St

M. D. B. 1268-9

04745 HEALTH DEPARTMENT—CITY OF BALTIMORE 04745

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Howard Pk Ave 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Dahmitt

(a) Residence: No. 3611 Howard Pk Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) May 12 1870

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Lindras Dahmitt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Melber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosarina Antolante

(Address) 3611 Howard Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 15 1934

19. UNDERTAKER Wm Frost

(Address) 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/3 1934 to 9/12 1934

I last saw h alive on 9/12 1934 Death is said to have occurred on the date stated above, at 5-45 AM

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease

Date of onset

Other contributory causes of importance:

Uremic poisoning

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Vrenech M. D.

(Address) 4710 Liberty Hts Ave

M. D. P. 1268-9

04746 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04746

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Wilkens & Caton Ave St., 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pasquale Corrieri

(a) Residence: No. 150 S Morley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Catherine Corrieri

6. DATE OF BIRTH (month, day, year) Feb 6-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linoleum Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Cirello Corrieri

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angelina Imbuono

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Catherine Corrieri
(Address) 150 S Morley St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 9/15/34 19

19. UNDERTAKER Williams Co
(Address) 127 St Paul St

20. FILED SEP 15 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from August 27. 1934 to Sept 13 . 1934

I last saw him alive on Sept 13 1934 Death is said to have occurred on the date stated above, at 4 3/5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chronic Nephritis	9-1-1934
Cardiac hypertrophy & dilatation	9-1-34
Auricular fibrillation.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Everett M. D.

(Address) St. Agnes Hospital.

M. D. B 1268-9

04747

04747 HEALTH DEPARTMENT—CITY OF BALTIMORE 04747

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4018 Hilsby Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Slaasman. (Slasman),

(a) Residence: No. 4018 Hilsby Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, year) Mch 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mahlon Slaasman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Bannon

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Conner Baldwin

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/15 . 19 34

19. UNDERTAKER Henry C. Mears & Son

(Address) 1300 W. Baltimore St.

Filed SEP 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 . 1934. to Sept. 12 . 1934.

I last saw h[illegible] alive on Sept. 12 . 1934. Death is said to have occurred on the date stated above, at 5.30 p/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	

Other contributory causes of importance:

Chronic Cystitis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hugh Forsythe, M. D.

(Address) 424 E. North Ave.

M. D. F. 1268-9

4748 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 04748

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 E. North Avenue St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Helena Tull

(a) Residence: No. 806 E. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William L. Tull

7. DATE OF BIRTH (month, day, year) Feb. 15, 1861.

8. AGE Years	Months	Days	If LESS than 1 day, hours or min.
73	6	28,	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME August Keim

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elizabeth Reese

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. J. F. Herbert (Brother-in-Law)
(Address) 806 E. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Ceder Hill Cem. Date Sept. 15, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934 to Sept 12, 1934

I last saw her alive on Sept 12, 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other contributory causes of importance: Chr Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C. Mannnger M. D.

(Address) 800 E North Ave

D. B. 1268-9

E 04749

749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH Jno Hopkins Hospital
CITY OF BALTIMORE: (No.) Fayette St. (Ward) W. Balto. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. William Allen Weir

(a) Residence: No. 29 Wheeler Ave. (Street) Balto. Md. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 25th 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME William Weir
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Alice J. Phillips
16. BIRTHPLACE (city or town) (State or country) West Virginia
INFORMANT (Address) Hospital Records Jno Hopkins Hospital
BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. SEP 15 1934
UNDERTAKER (Address) Geo W Little 2700 Edmondson Ave
FILED SEP 14 1934 Huntington Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/34
22. I HEREBY CERTIFY, That I attended deceased from 9/12/34 to 9/13/34
I last saw h[illegible] alive on 9/13/34 Death is said to have occurred on the date stated above, at 1.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Pancreatitis	9/9/34

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 9/12/34
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Daniel L. Hanaka M. D.
(Address) Jno Hopkins Hospital

F 04750

750 (268-0)

8992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-002

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Hicks

(a) Residence: No. North St. & 34th St. N. Ha., Annapolis - Md. - (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 8/25/1879

8. AGE: Years 55 | Months | Days 16 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Chas - Hicks

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Sophie Hawthorne

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Reads (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL: Pt. Cemetery Sept 14 1934

19. UNDERTAKER: Bernard Schmeling (Address) 818 Druid Park Ave

Filed SEP 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1934 to Sept 11, 1934

I last saw him alive on Sept 11, 1934 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Intestinal obstruction from volvulus of small intestine cause unknown	2 days	

Other contributory causes of importance:

Name of operation: Removal gangrenous bowel Date of 9-5-34

What test confirmed diagnosis: operation there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Gail, M. D.

(Address) Johns Hopkins Hospital

F 04751

F 04751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3511 Dennison St. ST. 15-01 WARD)

2.-FULL NAME Harry J. Richards

(a) RESIDENCE NO. 3511 Dennison St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Richards

DATE OF BIRTH (month, day, and year) Dec. 26, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Retired Poultry Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Hampstead, Md.

10 NAME OF FATHER David W. Richards

11 BIRTHPLACE OF FATHER (city or town) Hampstead (State or country) Maryland

12 MAIDEN NAME OF MOTHER Seranda Booze

13 BIRTHPLACE OF MOTHER (city or town) Snydersburg (State or country) Maryland

14 Informant (Address) Mary K. Richards 3511 Dennison St., Baltimore

15 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12 1934

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to September 12, 1934,

that I last saw him alive on September 12, 1934,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes and Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Mehaes, M. D.

9/13, 1934 (Address) Pikesville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Sept. 14 1934

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Eutaw St.

SEP 14 1934 [illegible]

er.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04752

F 04752

CERTIFICATE OF DEATH.

23

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1829 Mosher St. St. 16-01 Ward)

2-FULL NAME Robert Kilroy Muth

(a) RESIDENCE NO. 1829 Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) September 14, 1888

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	11	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Custom House

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Louis F. Muth

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Amelia Gertrude Hoyle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Berkeley Co., W. Va.

Informant Mrs. Amelia G. Muth

(Address) 1829 Mosher St.

SEP 14 1934

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said .....(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Phthisis

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

9/13, 19 34 (Address) North Ave & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

Date of Burial Sept. 14 19 34

20 UNDERTAKER

ADDRESS 1003 West Baltimore St.

H. D. P. 1268-9

04753

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04753

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 9 1 31 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Williams

(a) Residence: No. 1352 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie (dead)

6. DATE OF BIRTH (month, day, year) April 27, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	4	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Baltimore

12. BIRTHPLACE (city or town) (State or country)

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Katie Bentley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Balt. City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lookout Cemetery Date Sept 15 1934

19. UNDERTAKER Walter B. Spangler
(Address) 134 W. Hamburg St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25 1934 to Sept 13 1934

I last saw him alive on Sept 13 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic (?)	3 yrs
Myocardial insufficiency & cong. failure	5 mo

Other contributory causes of importance:

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Frazier M. D.

(Address) Balt. City Hosp

R. D. F. 1268-9

F 04754

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04754

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Harwood

(a) Residence: No. Albermarle, N. C St., ... Ward. Bal. 7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clifton Harwood

DATE OF BIRTH (month, day, year) Aug. 1-1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29 yrs	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Jonas Burleson

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Ella —

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Salisbury N C Date 9/14/34

19. UNDERTAKER Joseph Ahrens

(Address) 2 W Saratoga

Sept 14 1934 : Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1934 to Sept 13, 1934

I last saw her alive on Sept 13th, 1934 Death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor (Glioma) — Date of onset July '34

Other contributory causes of importance: —

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Stafford, M. D.

(Address) The Johns Hopkins Hospital

D. B. 1269

04755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

04755

V 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 S. Sixth St. Brooklyn Ward) 25-01

Length of residence in city or town where death occurred 10 mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME E. Matilda Phipps.

(a) Residence: No. 3732 S. Sixth St. Brooklyn, Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced, (or) WIFE of E. Clinton Phipps.

DATE OF BIRTH (month, day, year) June 30, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Robert Eades.

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Mary Chaney.

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

INFORMANT Myrtle A. Toy. (daughter)

(Address) 3732 S. Sixth St. Brooklyn.

BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date Sept. 15 1934

UNDERTAKER George W. Fickler

(Address) 1737 E. Eager St. Baltimore, Md.

FILED Registrar

P 14184

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis,	
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Einhard, M. D. Coroner

9/12/34 (Address) 1017 E. Charles St.

M. D. B. 1265-9

04756 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04756

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Woodyear St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Collins

(a) Residence: No. 1820 Woodyear St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Collins

6. DATE OF BIRTH (month, day, year) Nov 5, 893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier Co Va

13. NAME Jack Lee

14. BIRTHPLACE (city or town) (State or country) Fauquier Co Va.

15. MAIDEN NAME Martha Wanzer

16. BIRTHPLACE (city or town) (State or country) Fauquier Co Va

17. INFORMANT Joseph Collins

(Address) 1820 Woodyear

18. BURIAL, CREMATION, OR REMOVAL

Place Bristersburg, Va Date Sept 15, 1934

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Preastman St

20. FILED Sept 17 1934 Harrington for Millburn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933 to Sept 12, 1934

I last saw h.. alive on Sept 11, 1934. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Oct 3/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Frey M. D.

9/12/34 (Address) 1728 Penna Ave

F 04757

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

04757

CERTIFICATE OF DEATH

Registered No. 2201

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Meyers
(a) Residence: No. 721 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) March 27, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frederick Baltimore
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Catherine ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Sept 15th 1934

19. UNDERTAKER George A. Weber
(Address) 705 E. Lanvale street

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18 1934 to Sept 13 1934
I last saw h alive on Sept 13 1934 Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 mo
Cerebral Thrombosis	1 mo
Bronchopneumonia	1 wk

Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. Phagen M. D.
(Address) Balt City Hosp

M. D. H. 1268-9

F 04758

04758 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 Weaver Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion A Bell

(a) Residence: No. 3031 Weaver Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie A Bell

DATE OF BIRTH (month, day, year) May 1 - 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Bell (Address) 3031 Weaver Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Sept 15 1934

19. UNDERTAKER Poor Undertakers (Address)

20. FILED Sept 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23rd 1934 to Sept 12th 1934

I last saw him alive on Sept. 12th 1934 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Sept 30 1933
Myocardial degeneration with vascular changes	

Other contributory causes of importance:

Hypostatic pneumonia	several days

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Fiske M. D.

(Address) 3 W. Mt Royal

AACo. 5-31 2508

04759 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 04759

√23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3334 Fredk. Ave St. 20-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Herman George Wimmer.

(a) Residence: No. 3334 Fredk. Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White.	married.

3. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Emma B. Wimmer

DATE OF BIRTH (month, day, year) March 14th 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME George Wimmer.
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Catherine Locher
16. BIRTHPLACE (city or town) (State or country) Washington D.C.
17. INFORMANT Emma B. Wimmer.
(Address) 3334 Fredk. Ave.
18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept. 15th 1934
19. UNDERTAKER Charles W. Dill.
(Address) 2109 Fredk. Ave.
20. FILED Sept 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to Sept 12, 1934
I last saw h... alive on Sept 12 1934 death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary tuberculosis with cavitation	5 years
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. W. Baetle M. D.
(Address) 4213 Frederick Ave.

M. D. P. 1268-9

E 04760

94760 94673 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-011

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26-01 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Stanley

(a) Residence: No. 130 N. Janney St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 12-12-1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25 — 24		9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Stanley

14. BIRTHPLACE (city or town) (State or country) Ger

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sept 17 34

19. UNDERTAKER H. H. McCobb & Son (Address) Arlington, Md.

Filed Sept 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30. 1934 to Sept 14. 1934

I last saw her alive on Sept 14. 1934 Death is said to have occurred on the date stated above, at 5 10 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Rheumatic heart disease .. 1932
Mitral stenosis & insufficiency
Tricuspid insufficiency
Pulmonary oedema

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Carmichael Teloman M. D.

(Address) Johns Hopkins Hospital

4 1934

M. D. B. 1288-9

F 04761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-04 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Day Plainfield N. J.

(a) Residence: No. 518 E 2nd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): May 17 1934

8. AGE: Years | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Child
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc: do
11. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Plainfield New Jersey

13. NAME: Harold Day

14. BIRTHPLACE (city or town) (State or country): Plainfield New Jersey

15. MAIDEN NAME: Bertha Easton

16. BIRTHPLACE (city or town) (State or country): Plainfield New Jersey

17. INFORMANT: Parents (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Plainfield Date 9/17 1934

19. UNDERTAKER: [illegible] (Address) [illegible]

Hunting for [illegible]

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1934 to Sept 14, 1934

I last saw her alive on Sept 14, 1934 Death is said to have occurred on the date stated above, at 6-15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital hydrocephalus	birth

Other contributory causes of importance:

Name of operation: Lumbar Puncture Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) Edward S. Stubbert M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 04762

04762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wilson or Haskell Gash

(a) Residence: No. 232 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola Wilson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Charlotte? ???

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL National Cem Date 9/17 1934

19. UNDERTAKER Frank A. Hemsley
(Address) 528 Pittsdale St.

20. Filed 1934 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 9/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 .....

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 4 A.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Shock-hemorrhage due to ulceration of small intestine	
Etiology Unknown	

Other rontributory rauses of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 508 E. Monument

M. D. B. 1268-9

F 04763

HEALTH DEPARTMENT—CITY OF BALTIMORE

04763

CERTIFICATE OF DEATH ✓127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Eutaw Place St. 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Wellington Parris

(a) Residence: No. 1900 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Naomi Julia Hall

7. DATE OF BIRTH (month, day, year) 5/14/81

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME James Wesley Parris

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Anna Donophin

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs. Naomi Hall Parris
(Address) 1900 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 9/15/34. 19

19. UNDERTAKER John C. Mitchell Sons
(Address) 1900 Eutaw Place

41934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Febry. 1934 to Sept. 11 1934
I last saw h[illegible] alive on Sept. 11. 1934 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chole Cystitis I	2-34
Valvular Heart Disease	2-34
Acute Cardiac Dilatation	Sept 12/34
Suddenly	

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. E. Okie M. D.

(Address) 1205 W. Fayette St.

M. D. B. 1268-9

04764

F 04764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 S. Charles St. 23-4 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Wilhelmina Slagle

(a) Residence: No. 1512 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Henry Slagle

7. DATE OF BIRTH (month, day, year) August 16 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Efford

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Bartel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Irene Rowan

(Address) 1512 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept. 15 1934

19. UNDERTAKER J. Fox McCully

(Address) 130 E. Fort Ave.

20. FILED Sept 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1933 to Sept 12th 1934

I last saw h[illegible] alive on Sept 11th 1934 Death is said to have occurred on the date stated above, at 2.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease	12/22/33
Other contributory causes of importance: General Anasarca	4 weeks duration

Name of operation None Date of

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M. D.

9/13/34 (Address) 1334 26 Hanover St.

1934

D. B. 1268-9

765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04765

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital St., 1-01 (Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Drink Juers

(a) Residence: No. 523 S Luzerne St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Juers

DATE OF BIRTH (month, day, year) Jan 25, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	75	7	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Frederick Drinker

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME —

15. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mary Erhart

(Address) 523 S Luzerne.

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 15, 1934

UNDERTAKER Frank V. Pikitone

(Address) 2818 E. Baltimore St.

FILED ... 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Accidental Fracture of Jaw, Ribs

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Sept 9, 1934

Where did injury occur? 523 S Luzerne
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down step.

Nature of injury Fracture of Jaw & Ribs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) D. O. Herzog M. D. Coroner

(Address) 305 N. Patterson Park Ave M. D.

M. D. B. 1268-9

E 04766

HEALTH DEPARTMENT—CITY OF BALTIMORE

04766

CERTIFICATE OF DEATH

Registered No. 36001 V 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. or Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Potter

(a) Residence: No. 4305 Bergner St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Albert Potter

6. DATE OF BIRTH (month, day, year) Feb 27, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME John Potter

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Lona Rice

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Date 9/14/34

19. UNDERTAKER Leonard Wyatt
(Address) 230 W. Fayette St.

DATE 9/14/1934, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1934, to Sept 12, 1934

I last saw him alive on Sept 12, 1934. Death is said to have occurred on the date stated above, at 11 44 m.

The principal cause of death and related causes of importance were as follows:

Aortic Aneurysm
Chronic Glomerulonephritis
+ Chronic Interstitial

Date of onset

Other contributory causes of importance:

Name of operation Aortic aneurysm Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) H. C. Proctor M. D.

(Address) 3rd Glen Arbor

D. P 1268-9

FF 04767

HEALTH DEPARTMENT—CITY OF BALTIMORE

04767

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 210-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A Ballard

(a) Residence: No. 534 S. Fulton Ave, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

DATE OF BIRTH (month, day, year) Aug 21 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Chas. W. Ballard

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Josephine Phillips.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Josephine Ballard

(Address) 534 S. Fulton Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 15. 1934

UNDERTAKER Leo G. Cook

(Address) 1723 N. Fulton Ave

14 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19... to ... 19...

I last saw ... alive on inquiry 19... Death is said to have occurred on the date stated above, at 4 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression Date of 9/12/34

What test confirmed diagnosis None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/12. 1934

Where did injury occur? Bentalou & Wilkens Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Fell out back of truck

Nature of injury while going around corner

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Keaney Coroner M. D.

(Address) 2200 E. Madison St

M. D. P. 1265-9

F 04768

HEALTH DEPARTMENT—CITY OF BALTIMORE

04768

CERTIFICATE OF DEATH

82-001

Registered No. 41934

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l. St., 19 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs Mary A Walter

(a) Residence: No. 2739 St. Paul St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Charles Walters

7. DATE OF BIRTH (month, day, year) aug 23/34.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	67		20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brookland Md.

13. NAME Henry Brinkmann

14. BIRTHPLACE (city or town) (State or country) U S A

15. MAIDEN NAME Elnora Brinkman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs William Ford Still Pond Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Still Pond Date Sept-16 1934

19. UNDERTAKER (Address) B R Fellows Still Pond Md.

...Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1934 to Sept. 13 1934

I last saw her alive on Sept. 13 1934 Death is said to have occurred on the date stated above, at 8:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Cerebral hemorrhage	9/11/34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D M L Cuzine M. D.

(Address) So. Balto. Gen'l. Hosp

H. D. B 1268-9

F 04769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-A Ward)

Length of residence in city or town where death occurred ... yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernice Holecek

(a) Residence: No. 210 N. Port St St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov. 3, 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Josef Holecek

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sophie Konrad

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 15 1934

19. UNDERTAKER Frank Brackman
(Address) 1916 Eastern Ave

20. Filed ... 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1934 to Sept 13, 1934

I last saw her alive on Sept 13, 1934. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9-8-34
Other contributory causes of importance:	
Pericardial effusion	9-11-34

Name of operation None Date of

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irving D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

04770 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 04770

94-001

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Roland Ave St., 13-01 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas Bartlett

(a) Residence: No. 434 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Sarah N. Bartlett.

DATE OF BIRTH (month, day, year) Sep. 3. 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

13. NAME James Bartlett

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Lacey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Bartlett
(Address) 434 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 9/15 1934

19. UNDERTAKER Hughes & Jones Inc.
(Address) [illegible]

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14 1934

22. I HEREBY CERTIFY, That I attended deceased from FEB 1934, 19..., to 9-14, 1934

I last saw him alive on 9-13 1934 death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
ANGINA PECTORIS	1933

Other contributory causes of importance:

APLASTIC ANEMIA	1934

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Jones M. D.

(Address) 1129 St Paul St

F 04771

M. D. R. 1268-9
04771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-007

Registered No. 10-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Huntingdon Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Byron A. Shipley.

(a) Residence: No. 2922 Huntingdon Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel L. Shipley

6. DATE OF BIRTH (month, day, year) Feb 22, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Adam Shipley.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Josephine Clark.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Rachel L. Shipley.
(Address) 2922 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL London Park Date Sept 15, 1934

19. UNDERTAKER Thanowetz Bros.
(Address) 3615-17 Chestnut Ave.

FILED SEP 14 1934 Huntington Indiana, Nov. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 24 19..., to Sept 12, 1934

I last saw h... alive on Sept 12 1934 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Cardiovascular
Disease

Date of onset: 2.

Other contributory causes of importance:
Myocardial insufficiency

Name of operation — Date of

What test confirmed diagnosis? Ex Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave.

D. B. 1268-9

E 04772

04772 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced Dead at St. Joseph's Hospital Lifetime St., 3-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME CARBRA H. J. McGANN.

(a) Residence: No. 242 Albemarle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 22nd. 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John McGann

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas McGann (Brother)
(Address) 242 Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept. 17 1934

19. UNDERTAKER [illegible]
(Address) 118 W. Mt. Royal Ave.

20. [illegible] Huntington Pallbearers, Inc. Registrar.

41934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13th. 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Type undetermined)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner
(Address)

H. D. P. 1268-9

F 04773

04773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 768 Mulberry St., 17-91 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Pulley

(a) Residence: No. 768 Mulberry St., Ward. 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 9-37

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Iris Pulley

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Della Dorsey

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Della Pulley

(Address) 768 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-15 1937

19. UNDERTAKER Daniel Evans

(Address) 376 E Pratt St

Filed SEP 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1934 to Sept 13 1934

I last saw h[illegible] alive on Sept 12 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Sept 10 1934

Other contributory causes of importance:

Rickets

Name of operation Date of

What test confirmed diagnosis Sept 13 1934 Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 30 Cumberland St

M. D. B. 1268-9

✓ F 04774

04774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 356 W. Biddle St. 11-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Fordan

(a) Residence: No. 356 W. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Fem	Col.	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Peter Fordan

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Case Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mullins S.C.

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Mullins S.C.

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Mullins S.C.

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Sept 37

19. UNDERTAKER Dayt Carlin
(Address) 716 Ca ave

4934 Huntington Williams Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to Sept 8th 1934

I last saw h[er] alive on Sept 8, 1934 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul. Tuberculosis	

Other contributory causes of importance: Acute Bronchitis

Name of operation — Autopsy Date of —

What test confirmed diagnosis? ~~Yes~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19—

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. G. Scott M. D.

(Address) 252 W. Biddle St

AACo. 5-31 2508

4775

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04775

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Length of residence in city or town where death occurred 17yr mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Getner

(a) Residence: No. 737 W. Baltimore St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 30 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frank Getner

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Elsie Spaulding

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Frank Getner
(Address) 737 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 9/15, 1934

19. UNDERTAKER Frederick A Cole
(Address) 1500 W Fayette St

Sep 15 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14- , 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4 34, 19 , to 9-10, 1934

I last saw him alive on 9-14, 1934 death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ileo colitis	
2. Marasmus	

Other contributory causes of importance:
1 Dehydration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Jones, M. D.

(Address) Franklin Square Hospital

Dr Todd 4 No Eastern Ave

F. D. B. 1268-9

F 4776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001 F 4776

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Thomas Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Long

(a) Residence: No. 1711 Thomas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Martha Long

7. DATE OF BIRTH (month, day, year): Sept 1 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 20

11. Total time (years) spent in this occupation: 0 to

12. BIRTHPLACE (city or town) (State or country): Somerset Co Maryland

13. NAME OF FATHER: Henry Long

14. BIRTHPLACE (city or town) (State or country): Somerset Co Maryland

15. MAIDEN NAME OF MOTHER: Marie Jones

16. BIRTHPLACE (city or town) (State or country): Fairmount Ind

INFORMANT: T. H. Long

(Address): 1711 Thomas Ave

BURIAL, CREMATION, OR REMOVAL

Place: Salisbury Ind Date: Sept 15 1934

UNDERTAKER: William Cook

(Address): 1217 St Paul Street

FILED Sept. 19 1934 Huntington, Ind.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1934, to Sept 15, 1934

I last saw him alive on Sept 14, 1934. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Senility	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Todd, M. D.

(Address) 4616 Eastern Ave

M. D. P. 1268-9

04777 HEALTH DEPARTMENT—CITY OF BALTIMORE 04777

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1201 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Kalinchuk

(a) Residence: No. 3119 F East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Albert

7. DATE OF BIRTH (month, day, year): ?

8. AGE: Years 51 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation: 0?1

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Holy Trinity R.C. Church 9/17/37

19. UNDERTAKER (Address): John M. Gruber 401 N. Chester St. Baltimore, Md.

D 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1937 to Sept 13, 1937

I last saw her alive on Sept 13, 1937 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, hypertensive	?
Myocardial Thrombosis &	?
Congestive Failure	?
Cerebral Hemorrhage	3 wks

Other contributory causes of importance:

Name of operation: Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagin M. D.

(Address) Balt. City Hosp.

A&Co. 5-31 250P

04778 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04778

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 E. Oliver St. 12-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Johnson Holmes

(a) Residence: No. 408 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of +

DATE OF BIRTH (month, day, year) Jan. 29-1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assisted at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Holmes

14. BIRTHPLACE (city or town) (State or country) Virginia Gloucester Co

15. MAIDEN NAME Sallie Johnson

16. BIRTHPLACE (city or town) (State or country) King George Co. Va

17. INFORMANT Gertrude Meade
(Address) 408 Oliver

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept 15 1934

19. UNDERTAKER Mrs. Virginia Thomas
(Address) 631 Lanvale St.

20. DATE RECEIVED SEP 15 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to Sept 13, 1934

I last saw her alive on June 12 1934 death is said to have occurred on the date stated above, at 2.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	Feb 1934
Other contributory causes of importance: Phthisis Sequel of Influenza	Feb 1934

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Eutaw St.

H. D. B. 1268-9

F 04779

4779) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Nagel
(a) Residence: No. St. Joseph Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-31-34

AGE Years	Months	Days 2	If LESS than 1 day, hrs. or min.
		24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Reid J. Nagel
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Margt Wrights
16. BIRTHPLACE (city or town) (State or country) Ohio
17. INFORMANT Reid J. Nagel
(Address) 2 Druid Place (Pikesville)
18. BURIAL, CREMATION, OR REMOVAL Parkwood. Cem. 9/15 1934
19. UNDERTAKER Bernard C Hafer
(Address) 1000 S Paca St
20. FILED SEP 15 1934 Huntington Williams, Sup

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-31 1934, to 9-14 1934
I last saw h alive on 9-14-34 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Prematurity	

Other contributory causes of importance:

Pre-disposition of mother.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1934
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, state how.

(Signed) J. H. Waesmueller M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

M. D. P. 1268-9

F 04780

F 04780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irma Jean Bader

(a) Residence: No. 1702 N. Bradford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/8/25

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	8	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jay Bader

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mabel —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Parents

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Pathological Date 9/18/34

19. UNDERTAKER [illegible]

(Address)

20. FILED SEP 25 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934 to Sept. 17, 1934

I last saw her alive on Sept. 14, 1934 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1928
Mitral Insufficiency	1933
Aortic "	July 1934
Partial Heart Block	Aug 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical observation — EKG Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frances D. Schwentker M. D.

(Address) Johns Hopkins Hospital

F 04781

F. D. B. 1268-9

4781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond A. Ball.

(a) Residence: No. 1516 Crystal Ave St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White.	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 6th 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 1/2 months	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME — Raymond A. Ball

14. BIRTHPLACE (city or town) (State or country) — St Marys Co Md

15. MAIDEN NAME — Jennie Snook

16. BIRTHPLACE (city or town) (State or country) — Trenton N.J.

17. INFORMANT (Address) Raymond A. Ball 1516 Crystal Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Sept 17th 1934

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED SEP 15 1934 [illegible] Williams, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1934 to Sept 14 1934

I last saw him alive on Sept 14 1934 Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonitis Lobar.	

Other contributory causes of importance:

Malnutrition.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

H. D. P. 1268-9

04782 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04782

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary C. Kodwick

(a) Residence: No. 1520 - N. Wolfe st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kodwick

7. DATE OF BIRTH (month, day, year) Dec. 30, 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto - Md.

13. NAME John Weber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT St. Joseph Hosp.
(Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Cem. Date Sept. 17 1934

19. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.

SEP 15 1934 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug - 29 . 19 34 to Sept - 14 . 19 34.
I last saw h-r alive on Sept 14 - . 19 34 Death is said to have occurred on the date stated above, at 2.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Chronic Phthisis	
Rupture of Cervix Bladder -	
with Urinary Fistula -	
Complicated Post Operatively	
by	
Other contributory causes of importance:	
Bronchial Pneumonia	

Name of operation Cystostomy - Date of 9/1/34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If [illegible]

(Signed) ST. JOSEPH'S HOSPITAL, M. D.
(Address) BALTIMORE, MD.

M. D. B. 1268-9

1783

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 04783

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 733 Franklin St., 18-81 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Allsup

(a) Residence: No. 733 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Fannie Allsup

6. DATE OF BIRTH (month, day, year): July 17 1878

7. AGE: Years 56; Months 1; Days 24; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto md

13. NAME: John C Allsup

14. BIRTHPLACE (city or town) (State or country): Balto md

15. MAIDEN NAME: Ann

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT: Fannie Allsup
(Address) 723 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 15, 1934

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 327 N Schroeder St.

20. FILED SEP 15 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1934 to Sept 13 1934

I last saw him alive on Sept 13 1934. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/6 1934
Other contributory causes of importance:	
Hypertension	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, what? .....

(Signed) C. Colby ..... M. D.

(Address) 1307 Eutaw Pl

Spec.—9-30—A. & Co.—250 Bks

04784 HEALTH DEPARTMENT—CITY OF BALTIMORE 04784

CERTIFICATE OF DEATH.

115-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 8-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JEAN MARIE HAUSE

(a) RESIDENCE NO. 1606 E. 25th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1930

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
4	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Louis Milton HAUSE

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Marie Nolte

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Louis Milton Hause.
(Address) 1606 E. 25th St. Baltimore

SEP 15 1934 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-15-34

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934, to Sept. 15, 1934

that I last saw her alive on Sept. 15, 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Tonsillar Fossae, post operative and Shock → 7 hrs.

Tonsillitis, chronic (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Purpura Hemorrhagica (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Presbyterian Hospital

Did an operation precede death? Tonsillectomy Date of 9/14/34

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Richard T. Hoover M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Sept. 18 1934

20 UNDERTAKER: Frederick Lassahn Inc. — ADDRESS: 7401 Belair Rd.

M. D. B. 1268-9

F 04785

04785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Watson.

(a) Residence: No. 522 W Barrie St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of New born.

6. DATE OF BIRTH (month, day, year) 9-10-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 40 min.
				6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roger Watson.

14. BIRTHPLACE (city or town) (State or country) Littleton N.C.

MOTHER

15. MAIDEN NAME Laura Mills.

16. BIRTHPLACE (city or town) (State or country) Littleton N.C.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 15th 193[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2:05 AM 9-10 1934 to 9:30 AM 9-10 1934

I last saw h.[illegible] alive on 9-10 1934. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity. (30 wks)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

D. H 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4786 ✓ F 04786

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 S. Curley St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marlene Kinton

(a) Residence: No. 516 S. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 3 1934

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
—	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) md

13. NAME Henry Kinton

14. BIRTHPLACE (city or town) Georgia
(State or country)

15. MAIDEN NAME Mystice Smith

16. BIRTHPLACE (city or town) Georgia
(State or country)

17. INFORMANT Henry Kinton Sr.
(Address) 516 S Curley St

18. BURIAL, CREMATION, OR REMOVAL Sept. 16 1934
Place Thomson Georgia Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

6 1934 Huntington Washington, D.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 PM .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Convulsions	

Name of operation ..... Date of No

What test confirmed diagnosis? Visit Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Lee Gay M.D. M. D.
Coroner

(Address) 1205 N Patterson Park Ave

H. D. P. 1268-9

F 04787

HEALTH DEPARTMENT—CITY OF BALTIMORE

04787

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2300 Callow St. 13-6 (Ward)

Length of residence in city or town where death occurred 14 Ri mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pillie Croner Thayer.

(a) Residence: No. 2300 Callow ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin

DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Hampden Va.

13. NAME OF FATHER Jacob Croner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Baldie Epstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Pearl Croner (Address) Charlotte N.C.

18. BURIAL, CREMATION, REMOVAL Date 9/16/34

Bush Cemetery

19. UNDERTAKER Jack Funk Inc (Address) 1439 E. Baltimore St.

Huntington Williams, Jr. Registrar.

FILED 9 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1932 to 9/15 1934

I last saw her alive on 9/15/34 Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with metastasis	1932

Other contributory causes of importance:

Name of operation Radical Breast Date of 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lapenberg M. D.

(Address) R 20 Eutaw

D. B 1265-0

F 04788

HEALTH DEPARTMENT—CITY OF BALTIMORE

04788

CERTIFICATE OF DEATH

V 23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1704 Ruxton St. 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benj. Frank.

(a) Residence: No. 1704 Ruxton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or race: White

5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Frank.

DATE OF BIRTH (month, day, year): May 30-1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 04

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Max Frank

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Eva Harrison

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rebecca Frank
(Address): 1704 Ruxton

18. BURIAL, CREMATION, OR REMOVAL: Alfred Frenchup
Date 9/6/34 19

19. UNDERTAKER: Jack Levin Inc.
(Address): 1439 E. Baltimore

Registered SEP 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	6 months
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Finch Coroner, M. D.
(Address)

D. F. 1268-9

F 04789

HEALTH DEPARTMENT—CITY OF BALTIMORE

04789

CERTIFICATE OF DEATH

✓ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N. Castle St St., 7-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? 18 yrs. mos. da.

2. FULL NAME Wenceslaus Dvorak

(a) Residence: No. 917 N. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Dvorak

DATE OF BIRTH (month, day, year) July 12, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 615

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Building Trade

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Joseph Dvorak

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Helen Kopecky

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Dvorak
(Address) 917 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 17, 1934

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Paulin, M. D. Coroner

(Address) 506 E North Ave

D. B 1268-9

F 04790

04790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 East Monument St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Brickner

(a) Residence: No. 2438 East Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John G. Brickner

DATE OF BIRTH (month, day, year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Francis Vogelein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ~~Catherine Edelman~~

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Wheeler
(Address) 2438 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 9-17-34

19. UNDERTAKER Wendell E. Humphreys.
(Address) 1501 Broadway.

20. FILED 8 1934 Augustus Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 14/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Probable Embolism	
Other contributory causes of importance:	
Var icose ulcers of legs	...???

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

F 04791

04791 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. 10-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 E. Eager Street Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kate Conway

(a) Residence: No. 600 E. Eager Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/ 8/ 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Conway

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary C. Holden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Neville

(Address) 600 E. Eager Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 17 1934

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

6 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 14 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934, to Sept 14 1934

I last saw h.. alive on Sept 14 1934. Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Nephritis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. L. Abramstein, M. D.

(Address) 733 Asquith St

M. D. H. 1268-9

F 04792

4792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1690 Darley Ave. St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Unknown

2. FULL NAME Eliza V. Penn

(a) Residence: No. 1690 Darley Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James F. Penn

6. DATE OF BIRTH (month, day, year) July 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME James H. Cumbo

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER

15. MAIDEN NAME Susan Jackson

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

17. INFORMANT Mrs Hessie E. Storey

(Address) 1690 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Oak Lawn Cem. Date Sept 18th 34

19. UNDERTAKER Frederick Sasscer & Son

(Address) 741 Edmondson Ave.

20. FILED Sept 18 1934 [illegible], Registrar.

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1934 to Sept. 15, 1934

I last saw h.. alive on Sept. 14, 1934. Death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Art. Sclerosis	
Cardiac Hypertrophy & Dropsy	
Anasarca	
Other contributory causes of importance:	
Tri-cuspid Insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard Cohen, M. D.

(Address) Marlborough Apts.

M. D. P. 1268-9

F 04793

Z 90061

HEALTH DEPARTMENT—CITY OF BALTIMORE

04793

CERTIFICATE OF DEATH

X 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Plehn

(a) Residence: No. 310 E 95th St., Ward. New York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) —

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-1929

7. AGE: Years 5 | Months 2 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME William Plehn

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Ida Morgan

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New York N.Y. Date 9/16/34 19

19. UNDERTAKER Clark Sexsmith

(Address) 1739 E. Baltimore St

9/16 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1934 to Sept 15, 1934

I last saw h[illegible] alive on Sept 15, 1934 Death is said to have occurred on the date stated above, at 9:28 p m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1934

Other contributory causes of importance:

None

Name of operation Ventriculography Date of 9/15/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. A. Rembel M. D.

(Address) The Johns Hopkins Hosp

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04794

04794

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N Hilton St. 20-C Ward)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J Albaugh

(a) Residence: No. 432 N Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry A. Albaugh

6. DATE OF BIRTH (month, day, year) Oct 10-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in home

10. Date deceased last worked at this occupation (month, day, year) Sept 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Leonard Wise

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME E Marie Keagen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT H O Albaugh.
(Address) 432 N Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Swydenburg Md. Date Sept 19 1934

19. UNDERTAKER Edw Tipton
(Address) Hampstead Md
Huntington Williams, Reg.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1934 to Sept 16, 1934

I last saw her alive on Sept 16 1934 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Several years ago

Other contributory causes of importance:

Anasarca	2 weeks or more

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Charles E Clark M. D.

(Address) 3214 Belmont ave

S 1934

F 04795

M. D. P. 1268-9

04795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 13-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joyce Ennis

(a) Residence: No. 1342 Clipper Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	25	24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samford Ennis

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Mary Ford

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Mary Ford Ennis

(Address) 1342 Clipper Road

18. BURIAL, CREMATION, OR REMOVAL

Date Sept 17, 1934

Place St Mary's Hampden Md.

19. UNDERTAKER P. Skehowitch Co.

(Address) 2215 Pulaski Ave

Huntington Williams, Registrar

20. FILED SEP 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1934 to 9-15, 1934

I last saw her alive on 9-15, 1934 Death is said to have occurred on the date stated above, at [redacted] m. 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Right	9-14

(Coroner J. H. Mahoney)

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hospital

6 1934

M. D. B. 1268-9

F 04796

04796 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 1201 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Mr. John H. Damm

(a) Residence: No. 3402 Hickory Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Damm.

6. DATE OF BIRTH (month, day, year) Apr. 7, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Mrs. John Damm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Smelty

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hosp. Record
(Address)

18. BURIAL, CREMATION OR REMOVAL Loudon Park Date Sept 17, 1934

19. UNDERTAKER Chenoweth & Son
(Address) 3615 Eastern Ave.

6 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15-34

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1934 to 9-15, 1934

I last saw him alive on 9-13, 1934 Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance:	
Bacilar pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H. Barnaby M. D.

(Address) Maryland General Hosp.

M. D. P. 1268-9

F 04797

04797

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (No. 5-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred — yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. 9 mos. ds.

2. FULL NAME Michael Driscoll

(a) Residence: No. 109 N. Aisquith st. St., ... Ward. Ireland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Nora Barrett

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 9/17/34 19

19. UNDERTAKER (Address) [illegible]

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1934 to Sept. 15, 1934

I last saw him alive on Sept. 15, 1934. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Myer W. Jacobson M. D.

(Address) Baltimore City Hospitals

H. D. P. 1268-9

E 04798

04798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

1. PLACE OF DEATH: Dead on arrival

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Edward S. Ferris

(a) Residence: No. 702 N. Linwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitary Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. ,Md.

13. NAME Thomas Ferris

14. BIRTHPLACE (city or town) (State or country) N.Y.City

15. MAIDEN NAME Annie Kenny

16. BIRTHPLACE (city or town) (State or country) N.Y.City

17. INFORMANT Florence Ferris

(Address) 702 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date 9/17 19[illegible]

19. UNDERTAKER J. A. Moran

(Address) 3000 E. Balto St

Baltimore Md.

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 13/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Insufficiency	
(Type undetermined)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address) 508 E. Monument

M. D. B. 1268-9

F 04799

HEALTH DEPARTMENT—CITY OF BALTIMORE

04799

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Foster ave St., 26 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Rogers Reale

(a) Residence: No. 3903 Foster ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Vincent Reale

6b. DATE OF BIRTH (month, day, year): May 23 1914

7. AGE — Years: 20 | Months: 3 | Days: 22 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Frank S. Rogers

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Agnes G. Williams

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Frank Rogers
(Address): 3903 Foster ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: 9/17, 1934

19. UNDERTAKER: J. A. Mowen
(Address): 3000 E. Balto St.

Filed: 9/17/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/14, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/15/34, 19 to 9/14/34, 19

I last saw her alive on 9/11/34, 19. Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Tuberculosis

Name of operation: — Date of: —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. McGarrell, M. D.

(Address) 633 S. Conkling

M. D. B. 1268-9

✓ F 04800

04800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 30

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 4-1-91 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME John Ringgold

(a) Residence: No. Chestertown, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alberta Ringgold

6. DATE OF BIRTH (month, day, year): April 26, 1874

7. AGE: Years 60; Months 4; Days 29; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chestertown Md

13. NAME: Levi Ringgold

14. BIRTHPLACE (city or town) (State or country): Kent Co Md

15. MAIDEN NAME: Emma Wallace

16. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

17. INFORMANT: Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Tolchester, Kent Co. Md. Date: Sept 7, 1934

19. UNDERTAKER: Mrs Katie R Williams
(Address) 322 E. Fitzwater St.

[illegible] Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1934, to 9/14, 1934

I last saw him alive on 9/14, 1934. Death is said to have occurred on the date stated above, at 4.10 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of testicle	
Other contributory causes of importance: cerebral embolism	9/14

Name of operation orchidectomy Date of 9/17/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip A Dougley, M. D.

(Address) Maryland General Hosp

M. D. B. 1268-0

F 04801

HEALTH DEPARTMENT—CITY OF BALTIMORE

04801

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 E Randall 324-01 St. ..... Ward)

Length of residence in city or town where death occurred 43 yrs. 11 mos. ds. How long in U. S. If of foreign birth? .yrs. mos. ds.

2. FULL NAME Lillian C Eckard

(a) Residence: No. 511 E Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John L Eckard

6. DATE OF BIRTH (month, day, year): Aug 8 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Lantz

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: I don't know

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: John L Eckard

(Address): 511 E Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk Date: Sept 17 1934

19. UNDERTAKER: C. J. Bullock Evans

(Address): 32 E Lexington

FILED Sept 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/14 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30 1934 to 9/14 1934

I last saw h[illegible] alive on 9/14 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 Years

Other contributory causes of importance:

Influenza	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C J Wheeler M.D.

(Address) 1209 Mchenry N

D. P. 1268-9

04802 HEALTH DEPARTMENT—CITY OF BALTIMORE RE 04802

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Rock Glenn Rd. St. 28-01 Ward)

Length of residence in city or town where death occurred 78 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Rose Merkle.

(a) Residence: No. 522 Rock Glenn Rd. St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Do not know.

DATE OF BIRTH (month, day, and year) ~~Do not know.~~ March 12-1866 (Age to nearest age)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68 ~~70~~	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Charles F. Gaither. (soninlaw)

(Address) 522 Rock Glenn Rd.

BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem. Date Sept 17, 1934

UNDERTAKER Fred L. Gaul & Sons

(Address) 2-22 E. Lanvale St.

EP 17 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 15, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	
Suicide.	
Mentally deranged.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/15/34

Where did injury occur? 522 Rock Glenn Rd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Suicide.

Nature of injury Illuminating gas poisoning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Steinhardt Coroner, M. D.

9/15/34 Address 1017 N. Charles St.

H. D. B 1263-9

04803

HEALTH DEPARTMENT—CITY OF BALTIMORE

04803

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp & 22-01 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Fannie Hulbie.

(a) Residence: No. 607 Shank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year) Unk.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Estella Morgan

(Address) 141 York St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Sept 17 1934

19. UNDERTAKER James A Adams

(Address) 1142 Hanover St

SEP 17 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Name of operation Regular Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H E Buck Coroner, M. D.

(Address) Boards

M. D. P. 1208-9

04804 1899 45

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04804

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Davis

(a) Residence: No. 1302 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) —

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-23-1934

7. AGE Years | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James Davis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna Brooks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvert Cemetery Date Sept. 17, 1934

19. UNDERTAKER Edward W. Conklin
(Address) 914 E. Eager St.

EP 171804

19... (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1934 to Sept 15, 1934

I last saw her alive on Sept 15, 1934 Death is said to have occurred on the date stated above, at 845 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis. B. Coli	9-14-34
Septicemia. B. Coli.	9-14-34

Other contributory causes of importance:

Diarrhea and enteritis	9-5-34

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ... 19...

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas D. Schwentker M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 04805

HEALTH DEPARTMENT—CITY OF BALTIMORE

04805 X 53

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. MD General Hosp. St. 11-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Frances Reuther

(a) Residence: No. 17 Kenwood, Raspeburg Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Reuther

6. DATE OF BIRTH (month, day, year) Jan. 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME William Hecker

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Miss A. Small

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Sept 17th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

[illegible] 28 Registrar

SEP 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1934 to Sept 15 1934

I last saw h[illegible] alive on Sept 15 1934 Death is said to have occurred on the date stated above, at 6 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho-sarcoma	July 1934
	abt
Other contributory causes of importance: Broncho-Pneumonia	9-13

Name of operation Right inguinal adenectomy Date of 8-31-34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John N. Barnaby M. D.

(Address) Maryland General Hosp

H. D. F 1268-9

04806 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04806

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Washington Blvd St. 5-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Doering

(a) Residence: No. 2729 (Usual place of abode) Washington Blvd St., ... Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Bessie Doering

DATE OF BIRTH (month, day, year) Oct. 1 - 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paving Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Govt

10. Date deceased last worked at this occupation (month and year) Sept 1934

11. Total time (years) spent in this occupation 7+

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Doering

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Bessie Doering

(Address) 2729 Washington Blvd.

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 17th 1934

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Inquiry ... Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through head and brain	Sept 13 1934

Other contributory causes of importance:

Suicide

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept 13 1934

Where did injury occur? Baltimore - Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Shot through head

Nature of injury Wound through brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M.D. Coroner

(Address) 16 South Broadway

71934

F 04807

F 04807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 163 S. Durham St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Vain

(a) Residence: No. 16 S. Durham St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-15-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Wm. Vain

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Grace Tully

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Grace Vain Mother

(Address) 16 S. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Sept. 17, 1934

19. UNDERTAKER Kelly & Julen Sons

(Address) 403 S. Gay St.

21. FILED SEP 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1934 to 9-16, 1934

I last saw h[illegible] alive on 9-15, 1934 Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9-15-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John M. Spence, M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

V F 04808

F 04808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Walbrook Ave. St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Kern.

(a) Residence: No. 1819 Walbrook Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Annie M. Kern

6. DATE OF BIRTH (month, day, year) May 24, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R.R. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Kern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Lloyd L. Mallonee 1819 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem. Date Sept. 19, 1934

Place

19. UNDERTAKER Robt. S. Little

Address 2700 Edmondson Ave.

20. FILED SEP 17 1934, 19 ... Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1934 to Sept 16, 1934

I last saw h/im alive on Sept. 16, 1934, Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	
Other contributory causes of importance: Chronic Myocarditis. Hypostatic Pneumonia.	

Name of operation none Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) George E. Shannon M. D.

(Address) 1000 N. Fulton Ave

F 04809

F 04809

290002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wiela Fisher

(a) Residence: No. Cross City St., ... Ward. Florida
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Burrell Fisher

7. DATE OF BIRTH (month, day, year) 7-21-1901

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla

13. NAME Frank Smith

14. BIRTHPLACE (city or town) (State or country) S Car

15. MAIDEN NAME Kate allen

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Crow City Fla Date 9-19-34

19. UNDERTAKER D C Mitchell
(Address)

EP 17 1934 Huntington Williams Inc
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1934 to Sept 16, 1934

I last saw her alive on Sept 16, 1934 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (malignant)	1931

Other contributory causes of importance:

Name of operation Cerebellar approach Date of 9/12/34

What test confirmed diagnosis? X-ray, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Stafford M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

4810 E 04810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4605 Mansfield Ave St. 27-61 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Muth

(a) Residence: No. 4605 Mansfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Muth

6. DATE OF BIRTH (month, day, year) Oct. 10th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52-53	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Dietel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Bauer

16. BIRTHPLACE (city or town) (State or country) Wittenberg Germany

17. INFORMANT Margaret Dietel

(Address) 4605 Mansfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Sept. 18 1934

19. UNDERTAKER Fredk. Tyssling & Son

(Address) 2400 Belair Rd.

SE 17134

(Filed) ..... 19..... Registrar.

Huntington Hitchcock, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1934 to Sept 16 1934

I last saw h.. alive on Sept 15 1934 Death is said to have occurred on the date stated above, at 2.50 a.m.

The principal cause of death and related causes of importance were as follows:

Exhaustion x
Toxemia

Date of onset

Other contributory causes of importance:

Carcinoma of Breast with general metastasis

Name of operation Mastectomy Date of Jan 13 1934

What test confirmed diagnosis? c Was there an autopsy? c

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? c Date of injury ..... 19.....

Where did injury occur? c (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place c

Manner of injury c

Nature of injury c

24. Was disease or injury in any way related to occupation of deceased?

c If so, specify

(Signed) Chas Turnock M. D.

9/6/34 (Address) 4708 Harford Road

M. D. B. 1268-9

F 04811

Retta Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04811

93-003

CERTIFICATE OF DEATH

Registered No. 17581

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rozella Hill

(a) Residence: No. 806 Fessier St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jas. Hill.

6b. DATE OF BIRTH (month, day, year): 1859 - June 6

7. AGE: Years 76 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent at this occupation:

12. BIRTHPLACE (city or town) (State or country): Jacob, md.

13. NAME OF FATHER: Jacob.

14. BIRTHPLACE (city or town) (State or country): md.

15. MAIDEN NAME OF MOTHER: Mary Stewart

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Maggie Jones

(Address): 806 Fessier.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date 9/17 1934

19. UNDERTAKER: Charles H. Burkett & Son

(Address): 3-5 S. Huntington Ave.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on September 14 1934. Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

Date of Onset

Chronic Myocarditis 3 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Funk Coroner M. D.

Coroner

(Address)

M. D. B. 1268-A

F 04812

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04812

CERTIFICATE OF DEATH

X 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos. 1 ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Anna May Harden

(a) Residence: No. Rosedale? Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 7/33

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Harden

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Anna Simpson

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Anna Harden

(Address) Rosedale Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cem. Date Sept 17 19 34

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

SEP 17 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 14/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nutritional Disturbance	
Diarrhea (Type undetermined)	
a.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

F 04813 (500 Blks.)

HEALTH DEPARTMENT—CITY OF BALTIMORE F 04813

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 4008 Fernhill Av ST. 15-01 WARD)

2-FULL NAME Frederick F Bengel.

(a) RESIDENCE NO. 4008 Fernhill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Henderson Bengel

6 DATE OF BIRTH (month, day, and year) Mar. 18, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Alma Mfg Co

9 BIRTHPLACE (city or town) (State or country) Rochester N.Y.

PARENTS

10 NAME OF FATHER Wm Bengel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Jane H. Bengel

(Address) 4008 Fernhill Ave

Filed , 19 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1934

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1934, to Sept 15, 1934, that I last saw h alive on Sept 16, 1934, and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 1 mos 12 da.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Examination

(Signed) Dr. Knight Jackson, M. D.

, 19 (Address) 3 West Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Sept 19 1934

20 UNDERTAKER C. M. Fickett Sons

ADDRESS N. & Pa.

Huntington Williams, M.D.

F 04814

F 04814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6116 Park Heights Ave. 27-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Cortellia Lertz

(a) Residence: No. 6116 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred R. Lertz

DATE OF BIRTH (month, day, year) Dec. 17. 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Wm. G. McGinnis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Ann Seips

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mrs. Lee A. Granger 6116 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Sept. 17

19. UNDERTAKER (Address) Wm. J. Tickner & Sons North & Penna Ave.

FP 17132 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1934 . to Sept 14 . 1934

I last saw her alive on Sept. 14 . 1934 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about June 1/34
Arterio-sclerosis	P

Other contributory causes of importance:

Name of operation none performed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Kelly D. Liebelt M. D.

(Address) 2220 Garrison Ave

F 04815

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04815

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3107 Harview Ave (Hospital or Institution) (Ward)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. Taylor

(a) Residence: No. 2815 W. Garrison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry W. Taylor

7. DATE OF BIRTH (month, day, year): May 2 1882

8. AGE — Years: 52 | Months: 4 | Days: 13 | If LESS than 1 day, hrs. or min.:

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Balto. Md.

13. NAME: Robt. R. R. Richardson

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Laura V. Jackson

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Harry W. Taylor
(Address) 2815 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: Dec 18 1934

19. UNDERTAKER: Wm. Tschudy & Sons
(Address) Mt. Washington Baltimore, Md.

DATE RECEIVED: 1934 Registrar.

P 71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Dec 1934

I last saw her alive on 9/15 34. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Uterine hemorrhage — Date of onset: 10/25

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis: Hysterectomy — autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Henry Russell M. D.

(Address) 3902 Roseland Ave

M. D. B. 1268-9

F 04816

04816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 N. Payson St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Sachs

(a) Residence: No. 1921 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of Mary A Mannion Sachs

6. DATE OF BIRTH (month, day, year) Aug 13th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. R. & Elect. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Sachs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. Melvin J. Sachs

(Address) 1532 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept-18 1934

19. UNDERTAKER R. Bruce Elderdice & Sons

(Address) 1 E. Huntington Ave

FILED SEP 17 1934 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1934 to Sept 15 1934

last saw h[illegible]live on Sept 14 1934 Death is said to have occurred on the date stated above, at 2.30 a. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 2

Other contributory causes of importance: Cerebral Hemorrhage — 8/31/34

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Thomas M. D.

N.P.

(Address) 1716 E. Preston St

M. D. P.-A105-9

4817

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 04817

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH Sinai Hospital St. 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Murphy

(a) Residence: No. 3216 E. Fairmount Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Infant

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) January 15-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward C. Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Lena Podolski

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Edward Murphy

(Address) 3216 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Sept. 16. 1934

19. UNDERTAKER Randall J. Kessler

(Address) 300 N. Eden St.

20. [illegible] Registered

17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 1:00 p.m. Sept 15, 1934. to Sept. 15, 34. 19.....

I last saw him alive on Sept 15. 19 34 Death is said to have occurred on the date stated above, at 5.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intest. Obstruction	
of Intussusception	
Shock	

Other contributory causes of importance:

Intussusception - Small bowel into small bowel	9-12-34

Name of operation Resection of Intussusception Date of 9-12-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark E Hanna M. D.

(Address) Sinai Hospital

M. D. B. 1268-2

F 04818

F 04818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 E Fayette St., 4-d Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Arthur Carlin

(a) Residence: No. 1534 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 157

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elliott Barnett
(Address) 1534 E Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Date 9/17 19 34

19. UNDERTAKER Ernest Lee & Co.
(Address) 915 S. Sharp St.

20. FILED SEP 17 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1934 to Sept 15 1934

I last saw him alive on Sept 14 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Sept 2 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo Fallen M. D.

(Address) 5 E Lanvale St.

M. D. P. 1268-9

F 04819

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04819

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 20-91 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Florence Shelton

(a) Residence: No. 2015 Booth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	27/24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Arlington Shelton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hosp. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Sept 17th 34

19. UNDERTAKER J. S. Gilmore
(Address) 11 S. Eutaw St.

20. FILED ... 19... Registrar.

EP

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1934, to September 15, 1934.

I last saw her alive on Sept. 15, 1934 Death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus.	8-30-34
Bronchopneumonia	9-14-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Laura Elliott Babcock, M. D.

(Address) Maryland Gen. Hosp.

F 04820

M. D. B 1268-9

F 04820 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 173

Registered No. .....

1. PLACE OF DEATH Dead on arrival at Hopkins Hospital St. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... - 5 ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Finkley

(a) Residence: No. 917 Eutaw St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Albury cemetery Date Sept 07 1934

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

20. FILED ..... 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 9/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to shot gun wound right lung.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 9/9/34 19.....

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home of wife 616 N. Madeira

Manner of injury Shot by wife

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 608 E Fayette

M. D. B. 1268-9

F 04821

04821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 23

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Hill

(a) Residence: No. 238 Colvin st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Hill

6. DATE OF BIRTH (month, day, year) Dec. 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William Brice

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Julia Sizzey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 9/17 1934

19. UNDERTAKER Joseph G. Locke Jr.
(Address) 1212 Jefferson St.

[illegible] Registrar

17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1934 to Sept. 11 1934

I last saw her alive on Sept. 11 1934. Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury /

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Meyer W. Jacobsone M. D.

(Address) Baltimore City Hospitals

M. D. F. 1268-9

F 04822

04822 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hirschman

(a) Residence: No. 410 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine (dead)

6. DATE OF BIRTH (month, day, year) Oct. 16, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Carl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Cem. Date Sept. 18, 1934

19. UNDERTAKER George W. Lukeler
(Address) 1737 E. Eager St.

20. FILED P 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934 to Sept 15, 1934

I last saw h[illegible] alive on Sept 15, 1934 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Sept	?

Other contributory causes of importance:

Name of operation ..... Date of None

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Balt. City Hosp.

H. D. B 1268-9

F 04823

04823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. Sharp St. St. 23-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ------ mos. ------ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A. Brown. (C)

(a) Residence: No. 1019 S. Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Brown. (C)

DATE OF BIRTH (month, day, year) June 23, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labofer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Richard Brown. (C)

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

15. MAIDEN NAME Martha Burley. (C)

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Pauline Brown. (C) wife.
(Address) 1019 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ch Date Sept 18 1934

19. UNDERTAKER Isaac L Brown Sons
(Address) 1018 Montgomery St

Filed 1934 Registrar 9/14/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, ~~year~~) September 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above. 3.30 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chronic Interstitial Nephritis,
Uraemia.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

(Address) 1017 E. Charles St.

Spec.—9 30—A. & Co.—250 Bks.

F. 04824

04824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1411 N. Dallas ST. 8-Ol WARD)

2-FULL NAME Alice fitzgerald

(a) RESIDENCE NO. 1411 N. Dallas ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	widowed

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Harrison fitzgerald
Horace Johnson

6 DATE OF BIRTH (month, day, and year) UNKnown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nottoway, Co Va

PARENTS

10 NAME OF FATHER Jordan Folkes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nottoway Co Va

12 MAIDEN NAME OF MOTHER Julia fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nottoway Co. Va

14 Informant Martha Farmer
(Address) 304 W. Marshall St Richmond Va

15 Filed ... 19 ... Registrar

17 1 1 9 3 4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15/34

17

I HEREBY CERTIFY, That I attended deceased from 8/20, 1934, to 9/15, 1934, that I last saw h er alive on 9/13, 1934, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

chronic Interstitial Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blackstone Virginia — DATE OF BURIAL 9/15 1934

20 UNDERTAKER Robert V. Williams — ADDRESS 615 N. Eutaw St

17934

M. D. R. 1268-9

F 04825

HEALTH DEPARTMENT—CITY OF BALTIMORE

04825

CERTIFICATE OF DEATH

✓ 49

15-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 W. Garrison Ave. St., 15 Ward)

Length of residence in city or town where death occurred 48 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Keith Rileigh

(a) Residence: No. 3036 W. Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William James Rileigh

6. DATE OF BIRTH (month, day, year) Nov. 2, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John James Lewis

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Harriett E. Nizer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William James Rileigh

(Address) 3036 W. Garrison Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date 9/18 19 34

19. UNDERTAKER Henry A. Myers & Son

(Address) 505 N. Eutaw St.

20. Filed Sept 17 1934 Registrar.

71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934 to Sept 15th 1934

I last saw h alive on Sept 14th 1934 Death is said to have occurred on the date stated above, at 7.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, abdominal viscera metastasis.	unknown

Other contributory causes of importance:

Carcinoma ovary, operated July 1933	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. B. Evans M. D.

(Address) 4936 Park Heights Ave

M. D. P. 1208-9

F 04826

4826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V34

Registered No. 5870

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Griffin

(a) Residence: No. 347 Forest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va ?

MOTHER

15. MAIDEN NAME Maggie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount of Md Date Sept 17, 1934

19. UNDERTAKER

(Address)

SEP 17 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to Sept 12, 1934

I last saw h alive on Sept 12, 1934 Death is said to have occurred on the date stated above, at 5-25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	5 yrs?
Arteriosclerosis	
Bronchopneumonia	1 wk

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P Maggs M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 04827

04827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 3-61 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin White

(a) Residence: No. 311 S. Caroline st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel White

6. DATE OF BIRTH (month, day, year) April 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Laura White

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Sept 17, 1934

19. UNDERTAKER [illegible] Smith.
(Address) [illegible]

[illegible] 19 [illegible] Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to Sept. 12, 1934

I last saw h im alive on Sept. 12, 1934 Death is said to have occurred on the date stated above, at 7.38 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

F 04828

04828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-002

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John H. Cullin

(a) Residence: No. 825 Light St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Catherine E Cullin

6. DATE OF BIRTH (month, day, year): June 2, 1855

7. AGE — Years: 79 | Months: 3 | Days: 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Marine Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER'S FATHER

13. NAME: William Cullin

14. BIRTHPLACE (city or town) (State or country): Del

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT: Mrs. Lulu C. Anderson

(Address): 314 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Sept 17. 1934

19. UNDERTAKER: John F Denny

(Address): 715 Light St

20. FILED — Registrar.

SEP 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1934 to Sept 13, 1934

I last saw he alive on Sept. 13, 1934 Death is said to have occurred on the date stated above, at 11.30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/7/34

Other contributory causes of importance:

Chronic myocarditis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William D. Wolfe, M. D.

(Address) South Balto. Hospital

M. D. P. 1268-9

F 04829

04829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel F Brown

(a) Residence: No. 4223 Cavanac Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Brown

6. DATE OF BIRTH (month, day, year) 1-3, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Sexton 9 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER FATHER

13. NAME Agnes L Brown

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

15. MAIDEN NAME Elizabeth Brown ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interred Mt Olivet Date 9/19/37, 19

19. UNDERTAKER Leonard Kuck
(Address) 530 Fremont Ave

9/7 1934

Filed 9/19/37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-5, 1937, to 9-16, 1937

I last saw him alive on 9-16, 1937 Death is said to have occurred on the date stated above, at 9:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostate with Metastases	?
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular Disease	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Raymond F. Stafford M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

F 04830

04830 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

√23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Avon Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Gallagher Sr.

(a) Residence: No. 3209 Avon Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha C. Gallagher

6. DATE OF BIRTH (month, day, year) Sep't 20/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Joseph Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT William J. Gallagher Jr.
(Address) 3209 Avon Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Western Cemetery Date 9/18/34 . 19

19. UNDERTAKER Lenard Ruck
(Address) 2305 Harford Rd.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1934 to Sept 15 . 1934
I last saw him alive on Sept. 13 . 1934 Death is said to have occurred on the date stated above, at 1 16 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy)
Extra Causes

Date of onset

Other contributory causes of importance:

Cerebral Sclerosis
Chronic Endocarditis
Fatty Degeneration

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D W Kenney . M. D.

(Address) 1812 N. Broadway

7 1934

M. D. B. 1268-9

F 04831

04831 HEALTH DEPARTMENT—CITY OF BALTIMORE

2894

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-61 Ward)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elwood Lewis

(a) Residence: No. 725 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-3-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Myrtle Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med Colley Date Sept 17, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] 1934 [illegible] Registrar.

71934

0720

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934 to Sept 7, 1934
I last saw him alive on Sept 7, 1934. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	8-24-34
Other contributory causes of importance: Otitis media	8-28-34

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dragica D'Schwartzbach M. D.

(Address) Johns Hopkins Hospital

M. D. F. 1268-9

F 04832

04832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 99

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 4-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jacob Miller

(a) Residence: No. Lehring House St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Napoleon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kings Bal. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Monument City Md Date Feb 17, 1934

19. UNDERTAKER
(Address) Huntington Williams Inc

21. FILED 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1930 to Sept 14 1934

I last saw him alive on Sept 10, 1934 Death is said to have occurred on the date stated above, at 5-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Years ?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I P Magill, M. D.

(Address) Bal. City Hosp

M. D. B. 1268-9

E. 04833

04833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 72-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Rodger

(a) Residence: No. 2815 Lloyd Ave St. Swissvale Ward. Pa (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	-

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Margaret Evans

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records Balt City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address) Huntington Williamsport, Md.

20. Sept. 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1934 to Sept 13 1934

I last saw him alive on Sept 13 1934 Death is said to have occurred on the date stated above, at 2:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	? 5 mo

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maggie M. D.

(Address) East City Hosp.

M. D. F. 1268-9

F 04834

HEALTH DEPARTMENT—CITY OF BALTIMORE

04834

CERTIFICATE OF DEATH

Registered No. 49

1. PLACE OF DEATH CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Wallace St., ... Ward.

(a) Residence: No. 1126 Mosher St. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md. Date Sept 17, 1934

19. UNDERTAKER (Address) Hamilton-Williams, Inc.

17 SEP 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-6-, 1934, to 9-15-, 1934

I last saw her alive on 9-15-, 1934 Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

Metastasis of spindle cell sarcoma of uterus

Cardiac Insufficiency

Date of onset 7-4-34

Other contributory causes of importance:

Hypertension 8-17-34

Name of operation Hysterectomy Date of 9-12-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

A4Co. 5-11 250B

F 04835

HEALTH DEPARTMENT—CITY OF BALTIMORE

04835

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 W. Lanvale St. St. 16-01 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin F. Catterton

(a) Residence: No. 2021 W. Lanvale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E. Catterton.

6. DATE OF BIRTH (month, day, year) Feb. 5th 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75.	7.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 01

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER FATHER

13. NAME Thomas Catterton.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Cecilia Mowatt.

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Carrie E. Catterton.

(Address) 2021 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Cem. Balto. Co. Md. Date Sept. 18th 1934.

19. UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

17 1934 ....., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Sept 15, 1934

I last saw him alive on Sept 15 1934 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage.	

Other contributory causes of importance:

Arteria Sclerosis	
Dilatation of Heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Thomas Dilson M. D.

(Address) 1001 N. Fulton Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04836 F 04836

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Eutaw St. 13-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene A. Bell

(a) Residence: No. 2202 Eutaw Pl St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Bell

6. DATE OF BIRTH (month, day, year) Feb. 24, 1913

7. AGE: Years 21 | Months 6 | Days 23 | If LESS than 1 day... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nagle Protective Agency

10. Date deceased last worked at this occupation (month and year) July 7, 34

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Isaac J. Bell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Margaret Hansford

16. BIRTHPLACE (city or town) (State or country) Hampton Va

17. INFORMANT Miss Margaret H. Bell

(Address) 2202 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date Sept 17, 19 34

19. UNDERTAKER Dan Lecken Sons

(Address) Norfolk Va

Filed ... 19 ... Registrar.

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Gas Poison (Suicide)

Date of onset: ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner.

(Address) ...

M. D. B. 1268-9

F 04837

2 (94837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 72-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Slavis

(a) Residence: No. 1742 Lanvale St. St., Jacksonville - Fla -

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/15/1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rose Becker

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cem Date 9/17/34 19

19. UNDERTAKER Geo. Lenig Sons

(Address) 1437 E. Baltimore St

17 1934 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 . 1934 to Sept 17 . 1934

I last saw her alive on Sept 17 . 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/17/34
acute ~~Leukemia~~ Myelogenous Leukemia ?	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

F 04838

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04838

CERTIFICATE OF DEATH

√52

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Weaver Ave. St., 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Jefferson Dutton

(a) Residence: No. 3011 Weaver Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of Mollie Dutton

6. DATE OF BIRTH (month, day, year) Jan. 29, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster & fruit

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert J. Dutton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Maria Lane

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mollie Dutton

(Address) 3011 Weaver Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Meme Date Sept. 18 1934

19. UNDERTAKER Hughes & Lowe Inc

(Address) 45½ N. Broadway

17 1934

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15. 1934

22. I HEREBY CERTIFY, That I Attended deceased from Jan 1st 32, 19... to Sept 15 1934

I last saw him alive on Sept 15 1934 death is said to have occurred on the date stated above, at 12:25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of nose	1-1-32

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. L. Cordy M. D.

(Address) Harford Rd & Garland Av

M. D. F. 1268-9

F 04839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04839

CERTIFICATE OF DEATH

x 54 ✓

1. PLACE OF DEATH Union Memorial Hospital — Registered No.

CITY OF BALTIMORE: (No. Thirty third St. 17- 91 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Annie M. Gerwin

(a) Residence: No. Hampstead, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Samuel Gerwin

6. DATE OF BIRTH (month, day, year) May 22 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Mr George Wentz

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Frances Weaver

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Helen Tracey
(Address) Hampstead Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Taneytown Md Date Sept 20 1934

19. UNDERTAKER Edw C Tipton
(Address) Hampstead Md

20. Filed ..... 1934 ..... Registrar.

171934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-18-34, 19 ..... to 9-17 34, 19 .....

I last saw her alive on 9-17-34, 19 34 Death is said to have occurred on the date stated above, at 2:?0 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia Bilateral	9 3 34

Other contributory causes of importance:

① Diabetes Mellitus ?
② Arterio-Sclerotic Heart Disease

Name of operation ① 19 Sept 8 Date of ① 9-15-34
② 9-1-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H. Cooley Jr. M. D.

(Address) Union Memorial Hospital

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04840 04840

CERTIFICATE OF DEATH X 107-001

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., 25 Ward) 501

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Krauss

(a) Residence: No. Franklintown + Pleasant St., Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Krauss

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Norton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward Krauss

(Address) 230 N. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/18 1934

19. UNDERTAKER Richard H. Meyer

(Address) 620 Ashburton St

20. FILED SEP 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934, to Sept. 16, 1934

I last saw him alive on Sept. 16, 1934 Death is said to have occurred on the date stated above, at 12 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Malnutrition	9-1-34
Tetany	9-15-34
Other contributory causes of importance:	
Terminal lobular pneumonia	9-16-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G Dashiell, M. D.

(Address) St Agnes Hosp

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04841 F 04841

CERTIFICATE OF DEATH

54-005

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudolph Novak

(a) Residence: No. 1008 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frances Novak

6. DATE OF BIRTH (month, day, year): March 25/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Animal Tender 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hopkins Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: John Novak

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Anna Franka

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Frances Novak

(Address): 1008 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Sept 18 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Huntington Maryland

Registrar.

SEP 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 15/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 2.50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable General Infection (Acute)	
Ulcers of Ileum & Colon	
Large tumor of Spleen	
(Cause as yet undetermined)	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) ..... Coroner

M. D. B 1268-9

4842

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 04842

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Krause

(a) Residence: No. 1621 E 33 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Eugene E. Krause

6b. DATE OF BIRTH (month, day, year) Aug 6 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ~

11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Fred Altevogt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur F. Krause

(Address) 1621 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Sept 18th 1934

19. UNDERTAKER W. S. Cook

(Address) 1217 St Paul St

20. FILED Sept 18 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on Autopsy, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Pulmonary Artery	Sudden
Other contributory causes of importance: Fracture of L Femur	4 days

Name of operation — Date of .....

What test confirmed diagnosis autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ....., 19.....

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — City

Manner of injury fell on floor at home

Nature of injury Fracture of L Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Hanlon, M. D.

(Address) 700 E Chase Coroner

04843

HEALTH DEPARTMENT—CITY OF BALTIMORE

04843

CERTIFICATE OF DEATH

133

Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp St., 19-41 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Shipley

(a) Residence: No. 1210 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of _____ _____ _____
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goldsker Co
10. Date deceased last worked at this occupation (month and year) May 1934
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John T. Shipley
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Virginia E. Walton
16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Catherine Donaldson
(Address) 412 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 19th 1934

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

SEP 18 1934 Huntington Ave Station, Md.
(Filed) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934 to Sept. 16, 1934
I last saw him alive on Sept 16 1934 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Sept 2 34
Hypertension	
Pyelonephritis	Sept 2 34
Pulmonary Edema	
Other contributory causes of importance:	
Myocardial failure	Sept 6 34

Name of operation Cystostomy Date of Sept 6 1934
What test confirmed diagnosis None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. VanMeter, M. D.
(Address) Franklin Sq Hospital

M. D. B. 1268-9

04844 E 04844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 24-G Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Niemanns

(a) Residence: No. 1471 Towson St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28th 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Niemann

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Audrey McIntyre

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Michael Niemann
(Address) 1471 Towson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 18th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/15 1934 to 9/15 1934

I last saw h in live on 9/15 1934 Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

Marasmus — Date of onset 8/24/34

Other contributory causes of importance: Atelectasis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul E Carlines M. D.

(Address) Sinai Hosp

M. D. P. 1268-9

4845

Hairston angelo st ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

4845

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 344 Pk. Heights St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Herwurtz

(a) Residence: No. 3441 Pk. Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leslie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lew. Herring Run Date 9-18-34 19

19. UNDERTAKER Lutz Funeral Home
(Address) 432 E. Baltimore St.

FILED SEP 19 1934 for Registrar Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-34 19

22. I HEREBY CERTIFY, That I attended deceased from July 3 1934 to Sept 17 1934

I last saw h im alive on Sept 17 1934 Death is said to have occurred on the date stated above, at 9 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Hornstein M. D.

(Address) 733 Mosher St

M. D. B 1268-9

04846

HEALTH DEPARTMENT—CITY OF BALTIMORE Rotus

F 04846

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 130 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjemaya Miller

(a) Residence: No. 2260 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Miller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca Robbins

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Pikesville Hebrew Cemetery Co. 9-18-34 19

19. UNDERTAKER Jos. Levy Inc.
(Address) 2100 Eutaw Pl.

SEP 19 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jos. H. Carter, M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1268-9

04847 HEALTH DEPARTMENT—CITY OF BALTIMORE 04847

CERTIFICATE OF DEATH

112

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 N. Chapel St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Booz

(a) Residence: No. 1008 N. Chapel St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David B. Booz

6. DATE OF BIRTH (month, day, year) Feb /1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles Doeller

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT David Booz

(Address) 1008 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary. Date 9/20 1934

19. UNDERTAKER Milton Davis

(Address) 416 N. Carrollton Ave

SEP 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 16/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Bronchial Asthma	???

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E. Monument

M. D. P. 1268-9

04848

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 04848

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 Guilford Ave. Ward)

Length of residence in city or town where death occurred 6a yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Hess.

(a) Residence: No. 2235 Guilford Ave. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Hess

6. DATE OF BIRTH (month, day, year): Jan.? 1859

7. AGE — Years: 75 | Months: 8 | Days: ? | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Towson Md.

FATHER

13. NAME: Edw. E. Dunning

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Arabella Jackson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: E. Dwight Dunning

(Address): 4111 Westview Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Govans Presby. Date: Sept. 18. 1934

19. UNDERTAKER: J. Wm. Fleckenstein & Sons

(Address): 1310 Park & Pennsylvania Aves.

20. FILED ... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 - 1934 to Sept. 16 - 1934

I last saw her alive on Sept. 15 - 1934. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Hist. about	1916
Chronic interstitial nephritis " "	1921
Cerebral hemorrhage left hemiplegia Hist.	1926
Cerebral hemorrhage Right Hemiplegia	Sept 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Ward Cooper M. D.

(Address) 2125 Maryland Ave.

M. D. B. 1268-9

04849 ✓ M 04849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Shutt

(a) Residence: No. 3304 W. Northern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura V. Shutt

6. DATE OF BIRTH (month, day, year) Dec. 8, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Store Prof. 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Hiram Shutt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Robert M Shutt
(Address) 3304 W. Northern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Sept 20, 1934

19. UNDERTAKER Wm Pickrum Sons
(Address) Monument Ave & Fulton Ave

SEP 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ngun, 19 , to , 19
I last saw h alive on ngun, 19 Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/16, 1934
Where did injury occur? Hartford Rd & Allen Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while
Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Sokorny M. D.
Coroner
(Address) 2200 E Madison St.

M. D. B. 1268-9

04850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 04850

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Gibbon Ave 27-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frederick Bartel

(a) Residence: No. 2700 Gibbon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 19-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Sales Book Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 062

12. BIRTHPLACE (city or town) (State or country) Mahanoy City Penna

FATHER

13. NAME Peter Bartel

14. BIRTHPLACE (city or town) (State or country) Tumbling Run Penn

MOTHER

15. MAIDEN NAME Caroline Drumm

16. BIRTHPLACE (city or town) (State or country) Tuscarora Penna

17. INFORMANT Louise C Bartel wife

(Address) 2700 Gibbon Ave

18. BURIAL, CREMATION, OR REMOVAL Date Sept 18, 1934

Place Loudon Park Cem Mt Pleasant Farms

19. UNDERTAKER H. Thomas Williams

(Address)

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to Sept 14, 1934

I last saw h[illegible] alive on Sept 14, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Flexure Rectum	

Other contributory causes of importance:

Carcinoma of Sigmoid Flexure Rectum	?

Name of operation Exploratory Date of July 25

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Lemmon M. D.

(Address) 718 N Calhoun St

M. D. B. 1268-9

04851

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04851

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 681 W. Fayette St. 27-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanch R. Anderson

(a) Residence: No. 349 Rosebank Ave. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Anderson

6. DATE OF BIRTH (month, day, year) Jan 27-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John R. Rhoades

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Sarah Baker

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Albert Anderson

(Address) 349 Rosebank Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Sept. 18, 1934

19. UNDERTAKER E. Lerch Steffler, Inc.

(Address) 1252 Hollins Ave.

20. FILED ... 19... (Registrar)

SEP 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by illuminating gas	
Other contributory causes of importance: Melancholia agitata	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9-16, 1934

Where did Injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Opened & turned on gas stove

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene Zellers M. D.
Coroner

(Address) 2739 Eastern Ave

Wilbur Hubble ✓

4852 F 04852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl St., 19-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur Hubble

(a) Residence: No. 115 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Hubble

6. DATE OF BIRTH (month, day, year) 9/4/51

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland (town unknown)

FATHER

13. NAME William Hubble

14. BIRTHPLACE (city or town) (State or country) ?, Maryland

MOTHER

15. MAIDEN NAME Caroline Robey

16. BIRTHPLACE (city or town) (State or country) ?, Maryland

17. INFORMANT Balto City Hospl
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 9/18, 1934

19. UNDERTAKER Harry E. Mitzel
(Address) 410 Edmondson Ave

20. Registrar

SEP 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1934 to 9-15, 1934

I last saw him alive on 9-15, 1934 Death is said to have occurred on the date stated above, at 6:35 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Secondary anemia	?
Malnutrition	?
Bilateral Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wilkins Coale M. D.

(Address) Baltimore City Hosp

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-04853 F-04853 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John A Allen

(a) Residence: No. 1021 N Eutaw St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lena Allen

6. DATE OF BIRTH (month, day, year) April 18 1877

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ...min.
57	57	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME John Allen Sr

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mollie Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lena Allen

(Address) 1021 N Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept. 19/34

19. UNDERTAKER Mrs Leon-D. Fisher

(Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Mitral Stenosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. P. Hearn MD M. D. Coroner

(Address) 305 N Patterson Park Ave

M. D. P. 1258-0

04854

HEALTH DEPARTMENT—CITY OF BALTIMORE

04854

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mary Johnson

(a) Residence: No. 10 N. Wilmot St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 29-1933

7. AGE: Years — Months: 142 — Days: 17 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Mr. Grant

14. BIRTHPLACE (city or town) (State or country): Mr. Grant

MOTHER

15. MAIDEN NAME: Mrs. Grant

16. BIRTHPLACE (city or town) (State or country): Mrs. Grant

17. INFORMANT: Mother

(Address) 10 N. Wilmot St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept. 18/34

19. UNDERTAKER: Mrs. Hope E. Holland

(Address) 163 Druid Hill Ave

20. FILED 19 Registrar.

SEP 18 1934

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year): 9-16-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-8-34 19 to 9-16-34 19

I last saw her alive on 9-16-34 19 Death is said to have occurred on the date stated above, at 3:05 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Dehydration

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Daily Jones M. D.

(Address) Provident Hospital

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04855

CERTIFICATE OF DEATH

04855

Registered No. 93-923

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 16-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elena Savage.

(a) Residence: No. 917 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Fmal
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George
6. DATE OF BIRTH (month, day, year) Jan 1883
7. AGE Years 51 Months 8 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Benj Wallace
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Nora Brown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Savage
(Address) 917 N. Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 18 1934

19. UNDERTAKER Mrs George E. Corbett
(Address) 163 N. Eutaw St.

20. FILED SEP 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1934 to Sept 17 1934
I last saw h alive on Sept 14 1934. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Link M. D.
Coroner
(Address)

Spec.—1-12-23—M&T—500 Blks.

04856

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04856

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 731 George ST., 17-01 WARD)

2-FULL NAME Sarah Lindsay

(a) RESIDENCE NO. 731 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Noah Lindsay

6 DATE OF BIRTH (month, day, and year): June ?, 1882

7 AGE: Years 52; Months 3; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Noah Lindsay 731 George St

SEP 18 1934

Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 17 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934 to Sept 17, 1934.

that I last saw him alive on Sept 17, 1934

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Sclerosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Sept 20 1934

20 UNDERTAKER: Mrs. George R. Kolb

ADDRESS: 1031 Druid Hill

A&Co. 5-31 2108

F 04857 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 04857

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Huntington ave. St., 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles T. Bennett

(a) Residence: No. 2607 Huntington ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Married

6. DATE OF BIRTH (month, day, year) June 10/1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	77	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 072

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Bernard F. Bennett

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary C. Heimeyer

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs. Mary Bennett
(Address) 2607 Huntington ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 19 1934

19. UNDERTAKER Jos. J. Beyer & Son
(Address) 1136 W. Lanvale St.

SEP 18 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/ 1934

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1934, to September 16, 1934

I last saw h[illegible] alive on September 16 1934 death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	9/13/34
Pneumonia	9/13/34
Cerebral Arteriosclerosis	8/30/34

Other contributory causes of importance:

Generalized Arteriosclerosis	3 years
Myocarditis	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Martin, M. D.

(Address) 502 E 22nd St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04858

CERTIFICATE OF DEATH

04858

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 Penna Ave St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elenora Bally.

(a) Residence: No. 2237 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914 Jan 26

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Ezekiel Ball

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Jackson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Ball

(Address) 2237 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Sept 18, 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

SEP 18 1934

19 ... Huntington Williams, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18th, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Pulmonary Phthisis	2 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04859 T 04859

CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 W Lanvale St., 16-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Chas E. Sellman

(a) Residence: No. 1715 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8		24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gilbert Sellman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gertrude Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gertrude Sellman

(Address) 1715 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Fulton Cemetery Date Sept 18 1934

19. UNDERTAKER Thomas B. Kelson

(Address) 1303 Pressman St

20. FILED ... 19... Registrar.

151334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Fistula Ischiorectal	3 Mos

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1268-9

POWERS

04860 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04860

CERTIFICATE OF DEATH

93-603

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals - 01 Ward) Registered No. 93

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Powers

(a) Residence: No. Baltimore City Hospital Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) May 15 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Powers

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Costelo

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Balto. City Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/19 34

UNDERTAKER D. J. Mahey Son
(Address) 318 Eager St.

SEP 18 1934

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1934 to 9-11 1934

I last saw him alive on 9-11 1934 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Varicose ulcers right leg	?
Secondary Anemia	?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel H. Cost M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04861

CERTIFICATE OF DEATH

186-001

F 04861

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth A. Ryan

(a) Residence: No. 216 Warren Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Ryan

6. DATE OF BIRTH (month, day, year): Nov 30/1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Patrick Warren

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Mitchell

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John Ryan

(Address): 206 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 9/19 1934

19. UNDERTAKER: Margaret G Flynn

(Address): 1422 Light St.

FILED SEP 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 16/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	
Other contributory causes of importance: Fracture of left hip	Aug 17/3

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 17/34

Where did injury occur? Greenland Beach A.A.Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. Slipped from couch on porc

Manner of injury of summer residence.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed)..... Coroner, M. D.

(Address) 108 E Preston

M. D. P. 1268-9

04862 HEALTH DEPARTMENT—CITY OF BALTIMORE 04862

CERTIFICATE OF DEATH

145-001

Registered No.

1. PLACE OF DEATH Provident Hospital 14-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delcie Jones

(a) Residence: No. 1815 Etting St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Jones

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 075

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER / FATHER

13. NAME James D. Uzzell

14. BIRTHPLACE (city or town) (State or country) Lancaster

15. MAIDEN NAME Ellen McDade

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Mrs Ruth Chandler 1815 Etting St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Sept 18 1934

19. UNDERTAKER (Address) George T. A. Gilmore 1735 Druid Hill Ave

20. FILED ..... 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934 to Sept 15, 1934

I last saw h[illegible] alive on Sept 15, 1934 Death is said to have occurred on the date stated above, at 10 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Postmortem) & Generalized Peritonitis	5 day
Other contributory causes of importance: Puerperal Sepsis	2 day

Name of operation Laparotomy & Drainage Date of 9-11-34

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. L. Jackson, M. D.

(Address) 600 N. Arlington Ave

M. D. P. 1268-9

F 04863

04863 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp, St., 14-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jones

(a) Residence: No. 1815 Eldeny St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 720

6. DATE OF BIRTH (month, day, year) 9-14-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harry Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen (Jones) Savoy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Jones

(Address) 1815 Eldeny St

18. BURIAL, CREMATION, OR REMOVAL

Place Int Greenmount Date 9-18, 1934

19. UNDERTAKER George E. C. Gibson

(Address) 1735 E. Monument St

20. FILED Sept 18, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934 to Sept 14, 1934

I last saw he alive on Sept 14, 1934. Death is said to have occurred on the date stated above, at 7.1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Citizen Pble Comptr. M. D.

(Address) Provident Hospital

17734

M. D. B. 1268-9

F 04864

04864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Young

(a) Residence: No. 2912 Rockrose Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1934

7. AGE	Years	Months	Days	If LESS than 1 day,	hrs.	min.
				1	9	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Howard Britton Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Pauline Loretta Kermisch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Masonic Ceme Md Date Sept 18 . 1934

19. UNDERTAKER .....

(Address) .....

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw her alive on Sept 15 1934 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

Congenital atelectasis

Date of onset

Other contributory causes of importance:

Prematurity — 6½ months

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H Baysinger M. D.

(Address) Maryland General Hosp.

M. D. P. 1268-9

F-04865

04865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Meyer

(a) Residence: No. 108 South Carlton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Carlton Ave.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Charles Meyer

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Rena Dahl

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Mrs Charles Meyer

(Address) 108 S. Carlton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 9-21 1934

19. UNDERTAKER Pue Corsen & Son

(Address) 60 Hollins St

9 19 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 9/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1934 to 9-18, 1934

I last saw him alive on 9-18, 1934 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia Primary	9-5
Empyema	9-13
Dilirium	9-16

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Manuel S Hecht M. D.

(Address) Union Memorial Hosp.

M. D. P. 1263-9

F 04866

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04866

✓53

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Miss Belle Storm (ISABELLE STORM)

(a) Residence: No. 409 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-13-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 669

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamburg Germany

FATHER

13. NAME Frederick Storm

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anna Margaret Krause

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie M. Kacher (Sister)

(Address) 410 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Trinity Cemetery Date Sept. 19, 1934

Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander

(Address) Baltimore & Broadway.

20. Filed [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9/2/34 . 19 to 9/16/34 . 19

I last saw her alive on 9/16/34 . 19 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?
Arteriosclerosis	?
Arteriosclerotic Heart Disease	?
	over

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Kellerander M. D.

(Address) Union Memorial Hospital

M. D. F. 1268-9

F 04867

04867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Agnew

(a) Residence: No. 1058 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-2-33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) No Record
(State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) No Record
(State or country)

17. INFORMANT Lalia Horsey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cedar Date Sept 19 34, 19

19. UNDERTAKER Elgin O Wilson
(Address) 1100 Pennsylvania Ave

20. Filed SEP 19 1934 Registrar. Rec'd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-8-34, 19 to 9-18-34, 19

I last saw h[illegible] alive on 9-18-34, 19 Death is said to have occurred on the date stated above, at 4:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 wks

Other contributory causes of importance:

Surgical Pathology

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Sidney Rogers, M. D.

(Address) Provident Hospital

M. D. B. 1268-9

04868

HEALTH DEPARTMENT—CITY OF BALTIMORE

04868

CERTIFICATE OF DEATH

✓ 164-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 904 N. Macon St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E. Butz

(a) Residence: No. 904 N. Macon St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J.

6. DATE OF BIRTH (month, day, year) March 1/1866 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Lober

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Charles E. Matthews
(Address) 904 N. Macon St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept 20 1934

19. UNDERTAKER Henry Thesz Sons Inc
(Address) 1304 E. Eager St

20. FILED 19 (Registrar)

SEP 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	9/18

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 9/18/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place found with blanket over head and kitchen cooking stov

Manner of injury in basement of residence

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 508 Elvans Bldg

M. D. R. 1268-8

04869 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04869

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH 10 Washington — Registered No. ...

CITY OF BALTIMORE: (No. 1417 Forge ave St. 27-91 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Weibe

(a) Residence: No. 1417 Forge Ave St., Nt Wash Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) august 24 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 weeks			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. babe, do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME John William Weibe

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Maud Viola Shade

16. BIRTHPLACE (city or town) (State or country) Balto Co.

17. INFORMANT Sister - J. Shade.

(Address) 11

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Date Sept 20 1934

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

SEP 19 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18 1934

22. I HEREBY CERTIFY, That I attended deceased from aug 24 1934 to Sept. 18 1934

I last saw her alive on 9-17 1934 Death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	9/14/34
Other contributory causes of importance: Marasmus	9/10/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? (?) If so, specify ...

(Signed) N. [illegible] Fraulen, M. D.

(Address) 1123 St. Paul St.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04870

CERTIFICATE OF DEATH

04870

95-012

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 17-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Phillips.

(a) Residence: No. 1038 Penna Ave Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia. —

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Georgia Phillips

(Address) 1038 Penn. ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date September 20 1934

19. UNDERTAKER Adolphus Hailstead

(Address) 2-5-7 Pennsylvania Ave. Filed SEP 19 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28. 1934 to Sept. 16. 1934

I last saw h[illegible] alive on Sept. 16. 1934. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Embolism. — Date of onset

Other contributory causes of importance:

Rheumatic Heart Disease with Failure. —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, state —

(Signed) J. M. Wasenuller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04871 ✓ 53 F 04871

F 04871

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1101 S. Bouldin St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Faikoski

(a) Residence: No. 1101 S Bouldin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 15 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4	4	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Faikoski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia Kwiatkowski

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT James Faikoski
(Address) 1101 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Holy Rosary Date Sept 19 1930
F W Bogerbaki
1930 Eastern Ave
Undertaker
(Address) Huntington Avenue Mexico
Registrar.

1930 Oct 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Brain	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D Fiorenzo M.D. M. D.
Coroner
(Address) 305 N Patterson Pk Ave

M. D. H. 1268-9

Kuciera

HEALTH DEPARTMENT—CITY OF BALTIMORE

04872

CERTIFICATE OF DEATH

34 04872

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 dls. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Kuciara

(a) Residence: No. 528 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/29/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		19 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Kuciara

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. NAME Mollie Kacyniah

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Joseph Kuciara
(Address) 528 S Bond St.

18. BURIAL, CREMATION, OR REMOVAL
place Holy Rosary Date Sept 19 1934

19. UNDERTAKER J. W. Chazedski
(Address) 1930 Eastern Ave

SEP 19 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/12 1934 to 9/17 1934

I last saw him alive on 9/17 1934 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis ?	Birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul E Corlett, M. D.

(Address) Sinai Hosp

M. D. R. 1268-9

F 04873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04873

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Darley Ave 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Harper

(a) Residence: No. 1629 Darley Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Sarah Harper

6. DATE OF BIRTH (month, day, year) Jan 21st 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jennings & Co

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME West Harper

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Hatton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Sarah Harper

(Address) 1629 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 19th 1934

19. UNDERTAKER Wm Cook

(Address) 1317 St. Paul St

19 Registrar.

SEP 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1933 to Sept 17 1934

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 10/34

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Veth M. D.

(Address) 936 E. Monument St

Spec.--2-29-28—L. F. S.—500 Bks.

04874

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 F 04874

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 111 N. Eutaw St. 4-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Chapman

(a) RESIDENCE NO. 111 N. Eutaw St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jacob Chapman

6 DATE OF BIRTH (month, day, and year) 10/22/1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Gaines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Pauline Platt (daughter)

(Address 109 Arch St.

15 Filed SEP 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 34

17 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1934, to Sept 16 1934

that I last saw h alive on Sept. 15, 1934

and that death occurred, on the date stated above, at 10.40 m. AM

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) David Weinstein M. D.

9/18/34 (Address) 627 Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 9/19 1934

20 UNDERTAKER Charles B. Cooper

ADDRESS 514 N. Calhoun

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04875

CERTIFICATE OF DEATH

F 04875

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1259 William St. 24-01 Ward)

Length of residence in city or town where death occurred 62 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter D. Coleman Jr

(a) Residence: No. 1259 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17 1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James P. Coleman

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mr Walter D Coleman Jr
(Address) 2720 Kildaire Drive Hamilton

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 20, 1934

19. UNDERTAKER John F Denny
(Address) 2-5 Lexington St Hamilton, Md

20. FILED Sept 19 1934 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1933 to September 17, 1934

I last saw him alive on Sept 16, 1934 Death is said to have occurred on the date stated above, at 3 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/17/1934

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John D Veth M. D.

(Address) 936 S Monument St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4876 4876

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 William St. 24-01 Ward)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Kennard

(a) Residence: No. 1050 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug. 4 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Box maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fancy Boxes

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Kennard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Martha Neumann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lilly Lawton

(Address) 1050 William St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 20, 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

FEB 10 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4- 1934 to Sept 17- 1934

I last saw her alive on Sept 16- 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	18 mos.

Other contributory causes of importance:

Exhaustion + Toxemia	3 mos.

Name of operation not any. Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) W. H. Barton M. D.

(Address) 324 East Cross

M. D. B 1268-9

F 04877 HEALTH DEPARTMENT—CITY OF BALTIMORE 04877

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 23 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Krawecki

(a) Residence: No. 7638 Hudson St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Domenick Krawecki

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Seredich

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mikramo

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Michael Krawecki
(Address) 240 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russian Date Sept. 21 19 34

19. UNDERTAKER John Grebliauckas
(Address) 1423 S. Paca St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 , 19 34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. J. Hurwitz M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04878

CERTIFICATE OF DEATH

F 04878

87-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 77-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Simmons

(a) Residence: No. 802 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Mary Simmons

6. DATE OF BIRTH (month, day, year) 2

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Simmons

(Address) 802 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/19/34

19. UNDERTAKER Isaac L Brown & Son

(Address) 1124 W Monument St

19[illegible] [illegible] Registrar.

SEP 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19. I last saw h alive on , 19. Death is said to have occurred on the date stated above, at 2400 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D S Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

M. D. R. 1268-9

F 04879 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04879

CERTIFICATE OF DEATH

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospt. St. 19-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charli Bohanisk

(a) Residence: No. 302 Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungaria

FATHER

13. NAME Mladan Bokanich

14. BIRTHPLACE (city or town) (State or country) Hungaria

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Hungaria

17. INFORMANT Mitka Petrovich
(Address) 2146 Boyd st

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon PK Date Sept 19th 1934

19. UNDERTAKER A. Jones
(Address) 111 S. Gilmor st

20. [illegible] Registrar

SEP 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17. 1934 to Sept. 16. 1934

I last saw him alive on Sept. 16. 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	?
Generalized Metastases	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Herbert Goldstone M. D.

(Address) University Hospt.

F 04880

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04880

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1776 Orleans St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie K Green

(a) Residence: No. 1776 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Green

6. DATE OF BIRTH (month, day, year): Jan 6 1847

7. AGE: Years 87; Months; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Frederick Lubeck

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Margaret Myers

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs. Margaret Lubeck (Address) 2216 Orleans St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Sept 20, 1934

19. UNDERTAKER: J. Fred Welch (Address) 5008 Eastern

EP 19 1934 Huntington Williams, Agt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1927 to Sept 17, 1934

I last saw h alive on Sept 11 1934 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	6 yrs. ago

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Lloyd, M. D.

(Address) 2225 E. Preston St

OCCUPATION is very important. See instructions on back of certificate.

F 04881 ✓ F 04881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 S. Clinton St., 76-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Belle Long

(a) Residence: No. 927 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. G. Long

6. DATE OF BIRTH (month, day, year) April 23 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Henry Kemp

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Emily Hays

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs. Emma Beckwith
(Address) 3030 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Cem. Date Sept 20, 1934

19. UNDERTAKER George W. Sinkler
(Address) 1737 E. Eager St.

[illegible] Huntington Williams, N.P.

SEP 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 17, 1934

I last saw h[illegible] alive on Sept 17, 1934 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]
Angina Pectoris	[illegible]

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Horace B. Wilson, M. D.

(Address) 355 S. Highland Ave.

04882 ✓ F 04882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Lindsay

(a) Residence: No. 315 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 30-1934

7. AGE: Years | Months | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Mr. [illegible] and Mrs. [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Mrs. [illegible]

16. BIRTHPLACE (city or town) (State or country): Mrs. [illegible]

17. INFORMANT: Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 19 1934

19. UNDERTAKER: Mrs. George H. Holland
(Address) 612 Druid Hill Ave

SEP 19 1934 Huntington Williamson, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-18-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-4-34 . 19 . to 9-18-34 . 19

I last saw him alive on 9-18-34 . 19 . Death is said to have occurred on the date stated above, at 12 M. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

24. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Reid Rose M. D.

(Address) President Hospital

Spec.—2-29-28—L. P. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04883

04883

CERTIFICATE OF DEATH

V 46

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 750 Pine ST. H-06 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Holmes

(a) RESIDENCE NO. 750 Pine ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 3/15/1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Robert Ritchie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rosa Grayson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary Grayson

(Address) 750 Pine St.

15 Filed SEP 19 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 '34

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1934 to Sept 17, 1934

that I last saw h alive on Sept. 17, 1934

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin Exam.

(Signed) Frank Everhart M. D.

, 19 (Address) 627 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn.

DATE OF BURIAL 9/20/1934

20 UNDERTAKER Charles J. Cooper

ADDRESS 574 N. Calhoun

M. D. B. 1268-9

F 04884

F 04884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George D.Geiger

(a) Residence: No. 1309 N.Montford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 71	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William L.Geiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth (George)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs.Marie Evans (Sister)
(Address) 1309 N.Montford Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Sept. 21, 1934

19. UNDERTAKER
(Address)

21 SEP 1934 19 A Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Arterial Hypertension	

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

H. D. P. 1268-9

F 04885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04885

CERTIFICATE OF DEATH

V 93-004

Registered No. .....

1. PLACE OF DEATH — Dead on arrival at

CITY OF BALTIMORE: (No. John Hopkins. Hosp. St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Dornick

(a) Residence: No. 2213 E. Fleet St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? -1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tank Buillder.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Dornick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Holcback

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Sebastia Rauh

(Address) North Point Rd. Balto. Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Sept. 20/34

19. UNDERTAKER Lilly & Seiler Inc.

(Address) 403 E. Fayette St.

20. FILED Sept 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Cause undetermined)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 508 E. Monument

M. D. F. 1268-9

F 04886

F 04886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001

Registered No. 36-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 36 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Schumacher

(a) Residence. No. 5-37 Pontiac Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raphael

6. DATE OF BIRTH (month, day, year) Aug 9 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre

10. Date deceased last worked at this occupation (month and year) Sept 1930

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles C Schumacher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Roach

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date 9/22 1934

19. UNDERTAKER Cook (Address) 1725 Pontiac St

20. FILED SEP 20 1934 Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1934 to Sept 19 1934

I last saw him alive on Sept 19 1934 Death is said to have occurred on the date stated above, at 11-20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple cerebral hemorrhages	
Last record	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Krazell M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04887

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04887

CERTIFICATE OF DEATH

XY86-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Lombard + Greene St. 4-01 Ward)

Length of residence in city or town where death occurred [illegible] yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W Turner

(a) Residence: No. 8 Edgewood Ave, Parkville Md. St., ... Ward. 35 yrs from Canada
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Marie A. Turner

6. DATE OF BIRTH (month, day, year) June 11 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
43	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Thomas W. Turner

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Salt

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Marie A. Turner

(Address) 8 Edgewood Ave Parkville Md

18. BURIAL, CREMATION, OR REMOVAL Pl. W S National Date 9/18 1934

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-17-34, 19..., to 9-15, 1934

I last saw h[illegible] alive on 9 15 1934. Death is said to have occurred on the date stated above, at 11 [illegible]m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall from building -	9 12 34
Fractured skull	9 12 34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9 12 1934

Where did injury occur? Lutherville, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from ladder while painting

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Sign Painter by trade

(Signed) Robert W. Kane M. D.

(Address) University Hospital, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04888 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04888

CERTIFICATE OF DEATH

2 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Wilsby Ave. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna T. Myers

(a) Residence: No. 4005 Wilsby Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Harry S. Myers

6. DATE OF BIRTH (month, day, year) July 26th 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John B. Kaufmann

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Gertrude Muth

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary E. Hargest

(Address) 4005 Wilsby Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Sept 21st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED SEP 20 1934 Huntington Wm. Inspector, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 30 1934 to Sept 18 1934

I last saw her alive on Sept 16 1934. Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1933
Other contributory causes of importance:	
Acute Pulmonary Edema	1 day

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Wolfe M. D.

(Address) 1331 E North Ave

M. D. B. 1268-9

04889 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 04889

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt St., 1-01 (Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph De Marino

(a) Residence: No. 6 Pl S Potomac St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose De Marino

6. DATE OF BIRTH (month, day, year) Aug 16 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Bernard De Marino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Nicola

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 21 1934

19. UNDERTAKER Wendel & Bruns
(Address) 300 N. Paca St

20. Filed ... 19 ... Registrar.

P 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1934 to 9-18 1934

I last saw him alive on 9-18 1934 Death is said to have occurred on the date stated above, at 2.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coccinoma of tongue	5 wks

Other contributory causes of importance:

Bronchopneumonia	5 days

Name of operation Excision of tongue Date of 9-7-34

What test confirmed diagnosis? Microscopic examination Was there an autopsy? No

23. If death was due to external violence (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Watkins Cocke M. D.

(Address) Baltimore City Hosp.

F 04890

M. D. B. 1268-9

F 04890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 W. Balto St., 70-21 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret E. Miller

(a) Residence: No. 2017 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob H. Miller

6. DATE OF BIRTH (month, day, year) Feb 16th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Dietz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Miller

(Address) 2017 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 20 1934

19. UNDERTAKER Wagaman & Sons

(Address) 1301 Eutaw Place

SEP 20 1934 Hunting to Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1934 to Sept 17 1934

I last saw h[illegible] alive on Sept 17 1934 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pneumonia	6 days
Myocarditis	7

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Estelle Fleming M. D.

(Address) 2006 Fallsway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

04891

F 04891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 E. 23rd St. St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth L. Brown

(a) Residence: No. 307 E. 23rd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilson Brown

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Tate.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katie Rough

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wilson Brown

(Address) 307 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 9/21/ 19 34

19. UNDERTAKER Francis A. Henneberry

(Address) 578 N. Bradford St.

20. [illegible] Registrar.

SEP 20 1934

Washington Heights, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1934 to Sept. 18, 1934

I last saw h[illegible] alive on Sept 18, 1934 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast	2 Years

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Garland Schmeisser M. D.

(Address) 1534 Druid Hill Ave

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04892

F 04892

CERTIFICATE OF DEATH

82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged St., 24 Ward

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 76 yrs. mos. ds.

2. FULL NAME Samuel Katzen

(a) Residence: No. Belvedere & Greenspring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Rentlan

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Sale Hebrew Date 9/20/34 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 19 [illegible] Registrar

SEP 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1934 to 9-19, 1934

I last saw him alive on 9-18, 1934 Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Hypertension

Date of onset 5-2-34

Other contributory causes of importance: Chr. Bronchitis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Edmund Kerr, M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

M.D. P. 1248-9

Dr Miller - Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04893

CERTIFICATE OF DEATH

107-101

Registered No.

F 04893

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 430 S. Eulaski St. (Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Jacob Gnaiderstich

(a) Residence: No. 430 S. Eulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) W

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Tailor

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Gnaiderstich (Address) 430 S. Eulaski St

18. BURIAL, CREMATION, OR REMOVAL. Place Washington Blvd Date 9-20-34, 19

19. UNDERTAKER Jack Levin Co (Address) 1439 E. Baltimore St

(Place) Huntington Williams, N.J.

SEP 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-34, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Sept. 19, 34

I last saw him alive on 9/17, 1934 Death is said to have occurred on the date stated above, at 3 9 m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset April 1934

Other contributory causes of importance:

Bronchopneumonia — 9/17/34

Name of operation None — Date of

What test confirmed diagnosis? Clinical findings — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens ave

OCCUPATION is very important. See instructions on back of certificate.

F 04894

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04894

CERTIFICATE OF DEATH

156-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Lena Eisenberg

(a) Residence: No. 2602 Spring Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

3a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of David Eisenberg

6. DATE OF BIRTH (month, day, year) 7/28/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lee Bernard

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael Linsko

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Date Sept 20 1934

19. UNDERTAKER Sol Winsor & Bro
(Address) 1127 E Balto St
Huntington Williams, N.Y.

SEP 20 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/17/34. 19 to 9/18/34. 19

I last saw h~~er~~ alive on 9/16/34. 19 Death is said to have occurred on the date stated above, at 1 ~~or~~ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned on Foot - Sept	
Other contributory causes of importance: Cardiac failure during metabolism	9/16/34

Name of operation Excision of Dorsum Date of 9/18/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Hufford M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

04895

HEALTH DEPARTMENT—CITY OF BALTIMORE

04895

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 16 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Wilfred Law

(a) Residence: No. 1005 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) March 5 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Panama

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Celia ?

16. BIRTHPLACE (city or town) (State or country) Panama

17. INFORMANT Records Balt. City Hosp (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date 9/21 19 34

19. UNDERTAKER Mrs. Ida A. McKenzie (Address) 322 N Schroeder St

SEP 20 1934 19

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16. 1934 to Sept 16. 1934

I last saw him alive on Sept 16. 1934 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobaris	9 da
Other contributory causes of importance:	Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. P. Frazier M. D.

(Address) Balt City Hosp

state CAUSE OF DEATH in plain terms. DEATH from any form of violence and state whether it was ACCIDENTAL, SUICIDAL or HOMICIDAL. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ BUDNY

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04896 | 124-001 | F 04896 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Hospitals, 24 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Budny

(a) Residence: No. 1538 E. Clement St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Budny

6. DATE OF BIRTH (month, day, year) March 26, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Steven Budny

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Christopher

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife (Address) 1538 E. Clement.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date Sept 21 1934

19. UNDERTAKER Thos. E. Crack & Son (Address) 1901 Gold St. Locust Point

SEP 20 1934

Registrar for Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1934, to Sept. 18, 1934

I last saw h[illegible] alive on Sept. 17, 1934 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal cirrhosis	
Other contributory causes of importance: Chronic myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Durst, M. D.

(Address) South Balto. Hospitals

AACo. 5-31 250B

04897

HEALTH DEPARTMENT—CITY OF BALTIMORE

04897

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Millington Ave St. 70-61 (Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaretta R. Durham

(a) Residence: No. 325 Millington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James O Durham

6. DATE OF BIRTH (month, day, year) March 17 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Ford Sauerwald
14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Margt Aumen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. Ramsey
(Address) 325 Millington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Sept. 20- 1934.

19. UNDERTAKER Charles J. Schwab
(Address) 505 N Monroe St.

SEP 20 1934 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1934 to Sept 19 1934
I last saw h[illegible] alive on Sept 18 1934 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Aortic	
Embolism - Aortic Valve	
Chronic Interstitial Nephritis	
(b) Contributory causes of importance: Pulmonary Oedema	

Name of operation No Date of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Herbert C Hebb M. D.
(Address) 2151 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1934 F 04898

✓ F 04898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 E. 29th St., 9-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Sabrina Hurst

(a) Residence: No. 1506 E. 29th. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. W. Hurst.

6. DATE OF BIRTH (month, day, year) May 18, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co (State or country) Md.

FATHER

13. NAME Alfred Lewis.

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Emily Clifton

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mr. Thos. W. Hurst

(Address) 1506 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park 26 Date Sept 29 1934

19. UNDERTAKER Mr. Herbert Bowie

(Address) Hooper & Funeral Home

20. FILED Sept 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934 to Sept 18 1934

I last saw her alive on Sept 18 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast with Metastasis to Lung	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. O. Edmunds M. D.

(Address) 2746 Alameda Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1205-9

04899

F 04899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No.) St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Davis (Catherine Harris)

(a) Residence: No. 911 Bevans St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marine Davis

6. DATE OF BIRTH (month, day, year) July 4, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	34	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Robert Nichols

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Fannie Blow

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 9/20/34

19. UNDERTAKER Walter B. Foust

(Address) 739 W. Lanvale St.

20 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934 to Sept. 16, 1934

I last saw her alive on Sept. 16, 1934 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marie W Dickerson M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

04900 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04900

CERTIFICATE OF DEATH

V186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry E. Baumgartner

(a) Residence: No. 2040 E. Fayette Av. St., 2C Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Baumgartner

6. DATE OF BIRTH (month, day, year) Apr. 4-1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Baumgartner

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anna Leonard.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ethel Baumgartner (Wife)

(Address) 2040 E Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bab Lawn Cem Date Sept. 22, 1934

19. UNDERTAKER Lilly & Feiser Co.

(Address) 1323 W Fayette St.

20. FILED SEP 20 1934 Harrison Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of base of Skull	12 hrs
accident	

Other contributory causes of importance:

Fall from Scaffold 4 St. Right on back of head

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/18 1934

Where did injury occur? 2237 Boston (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yes

Manner of injury fell from Scaffold

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) James M. Fenton Coroner, M. D.

(Address) Tove Chas

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 04901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04901

CERTIFICATE OF DEATH X 53-

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-61 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie M. Taylor

(a) Residence: No. 1832 S. Charles St., Ward. Kent Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (dead)

6. DATE OF BIRTH (month, day, year) April 16 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm J. Butler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Kensington Kent Co Md Date Sept 2 1934

19. UNDERTAKER E. Howard Evans (Address) 36 E. Fort Ave Baltimore Md

Registrar

D 201134

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1934 to Sept 19 1934

I last saw h alive on Sept 19 1934 Death is said to have occurred on the date stated above, at 3-0 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of (?) c metastases to Lumbar vertebrae.	9 mo
Other contributory causes of importance:	Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phaneuf, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

04902

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04902

139-005

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 23-01 Ward)

Length of residence in city or town where death occurred 12 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine M. Hoffman.

(a) Residence: No. 15 N. Barney St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 12, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Treves.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. ~~MAIDEN~~ NAME Madeline Hoffman.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Madeline Hoffman. (mother)
(Address) 15 N. Barney St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 9/22, 1934

19. UNDERTAKER J. F. McCully
(Address) 130 E. Fay.

20. FILED SEP 22 1934 Registrar 9/20/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vaginal Hemorrhage.	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis Enquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Heinlandi Coroner, M. D.

(Address) 1017 N. Charles st.

M. D. B. 1268-9

F 04903

HEALTH DEPARTMENT—CITY OF BALTIMORE

04903

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Westfield Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 43 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth C. Lundy

(a) Residence: No. 3016 Westfield Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Lundy

6. DATE OF BIRTH (month, day, year) Nov. 13 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry G. Hoernig

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline Kunze

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John W. Lundy
(Address) 3016 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Date 6.4/2 1934

Place ... J. Frew McCully

19. UNDERTAKER 130 E. Fort Ave.
(Address) Huntington Williams, Reg't
Registrar

P 201934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1934, to Feb 18, 1934

I last saw h... alive on Feb 18, 1934. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	5/30/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sidney H. Everett, M. D.

(Address) 421 E. Fort Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 04904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04904

CERTIFICATE OF DEATH

131 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Garrison Blvd. St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Peachy

(a) Residence: No. 3803 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin H. Peachy

6. DATE OF BIRTH (month, day, year) Oct. 3, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret M. Carroll

(Address) 3803 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Sept. 22, 1934

19. UNDERTAKER Robert S. Tittle

(Address) 2700 Edmondson

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th, 1934 to Sept. 19th, 1934

I last saw her alive on September 5th, 1934 p. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Neoplasm	1 year
Intussusception	
Other contributory causes of importance:	
Heart Failure	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Poulton M. D.

(Address) 3409 Garrison Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

2-31034

M. D. B 1268-9

E 04905

04905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 112

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters' of the Poor.

CITY OF BALTIMORE: (No. 1200 Valley St St., 10-61 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Oswald

(a) Residence: No. 1200 Valley St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) June 16/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Luke Lynch

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Bridget ----

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sister Stanislee Supt
(Address) 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Sept 21. 1934

19. UNDERTAKER Mary Ont Wingfield
(Address) 301 E 22nd St
Austin Williams

P 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 19/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

History of Asthma	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address) 506 E. Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

04906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04906

157-004

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1234 N. Linwood Ave. ST. 8-01 WARD)

2—FULL NAME Baby Warner

(a) RESIDENCE NO. 1234 N. Linwood Ave. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

6 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced, (b) HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day and year) Sept 13 1934

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 2 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Hecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm Warner

(Address) 1234 N Linwood Ave

15 Filed SEP 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13/34

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1934 to Sept. 13, 1934, that I last saw h alive Sept 13, 1934 and that death occurred, on the date stated above, at 8 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Edema
Malformation of Head

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Aaron Rumowski M. D.

(Address) 2077 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Sept 15 1934

20 UNDERTAKER Chase Gross. ADDRESS Govans

important. See instructions on back of certificates.

F 04907

M. D. No. F 04907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 S. Howard St. St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ---- mos. ---- How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Peaman.(C)

(a) Residence: No. 1015 S. Howard St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Do not know.

6. DATE OF BIRTH (month, day, year) — Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer. O'H

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Norfolk, Va.

MOTHER FATHER

13. NAME — Do not know.

14. BIRTHPLACE (city or town) (State or country) — Do not know.

15. MAIDEN NAME — Do not know.

16. BIRTHPLACE (city or town) (State or country) — Do not know.

17. INFORMANT Cain Phillips.(C)
(Address) 1015 S. Howard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 20, 1934

19. UNDERTAKER James A. Hayes
(Address) 1042 Hanover St.

P. 20 1934 Hunting to Mrs. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edw. H. Feinhardt M. D.
Coroner
9/20/34 (Address) 1017 E. Charles St.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. B. 1268-9

F 04908

HEALTH DEPARTMENT—CITY OF BALTIMORE

04908

CERTIFICATE OF DEATH

45

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St., 9-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Wetteau

(a) Residence: No. 2548 Ansquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12 1872

7. AGE: Years 62 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME August Wetteau
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorthea Buchholz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto City Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept 21 1934

19. UNDERTAKER Jos Sparrows & Son
(Address) 217 S. Eden

Registrar

201934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1933 to 9-18-1934

I last saw her alive on 9-18-1934 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Hard Palate Ext. Antra, maxillary, bilateral	2 yrs
	1 yr
	?
	?

Other contributory causes of importance:
Malnutrition
Secondary Anemia

Name of operation Pathology Date of 9-18-34

What test confirmed diagnosis? Path Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wilkins Cooley M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

M E 04909

04909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 210-002

Registered No. 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Fulton

(a) Residence: No. Ellicott City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) July 16, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	37	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packing Comm. Pro

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co, Md

FATHER

13. NAME Wm F. Fulton

14. BIRTHPLACE (city or town) (State or country) Howard Co, Md

MOTHER

15. MAIDEN NAME Emma Carlin

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Mrs Marita Rogers
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL St Johns Cem Date Sept 22 1934

19. UNDERTAKER Easton Sons
(Address) Ellicott City

SEP 20 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 .. to Sept 19 ..

I last saw him alive on Sept 19 .. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 9/20. 1934

Where did injury occur? Frederick & Dutton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury collided with another

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P Storm, M. D. Coroner

(Address) 2208 E Madison St

M. D. B. 1268-9

F 04910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04910

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Salem St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Johnson

(a) Residence: No. 2525 Salem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Johnson

6. DATE OF BIRTH (month, day, year) Mar 21 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Albert Johnson
(Address) 2525 Salem Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Sept 21 1934

19. UNDERTAKER Percy Earle
(Address) 216 Equitable Bldg
Huntington-Williams, Inc.

20. SEP 20 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1934 to Sept 18 1934

I last saw h.. alive on Sept 18 1934 Death is said to have occurred on the date stated above, at 1 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Sept 16

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. Williams Frey M. D.

(Address) 17 W. Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 04911

HEALTH DEPARTMENT—CITY OF BALTIMORE

04911

CERTIFICATE OF DEATH

√ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Kerner

(a) Residence: No. 2851 Pelham Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) July 27/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	48	1	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Kerner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Schmitt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marie Kerner

(Address) 2851 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 20 1934

19. UNDERTAKER J. H. Kerr & Son

(Address) 1531 W. Lafayette Ave

Huntington Williams, M.D.

P 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 17/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	9/17/34
Carbuncle Of shoulder	9/1/34

Other contributory causes of importance:

Chr Myocarditis	1928
Diabetes Mellitus	1928

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 64912

04912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Brown

(a) Residence: No. 131 W. Preston St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) 9-17-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Anna Thomas
(Address) 131 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place J. F. Mt. Olivet Date Sept 20, 1934

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19 ... 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1934 to Sept. 19, 1934.
I last saw him alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 11:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease New born	9-17-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Calvin B. LeCompte M. D.

(Address) Provident Hospital

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04913

04913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts. St. 13-01 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Seliger

(a) Residence: No. Riviera Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leon Seliger

6. DATE OF BIRTH (month, day, year) June 28, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Henrietta Kaufman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Milton D. Greenbaum

(Address) Riviera Apts. 3 C.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Sept. 21 1934

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED Huntington Williams Sept 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Sept 19, 1934

I last saw h.e alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	3 years
Myocarditis	3 years
Nephritis	6 mos

Other contributory causes of importance:

Uremia	1 week

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lech M. D.

(Address) Temple Garden Apts.

STATE CAUSES OF DEATH IN TERMS OF DISEASE AND MODE OF INJURY. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 04914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-002

F 04914

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4140 Falls Road St., 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Wasser.

(a) Residence: No. 4140 Falls Road St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora P. Wasser.

6. DATE OF BIRTH (month, day, year) May 8, 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles H. Wasser.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Crum.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Dora P. Wasser.

(Address) 4140 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Sept 22, 1934

19. UNDERTAKER Chesworth & Son

(Address) 3615-17 Chestnut Ave

Filed Sept 20, 1934 Registrar.

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 10, 1934 to Sept 19, 1934. I last saw h... alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 7:15 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

M. D. B 1268-9

F 04915

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 82-001

04915

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas F. Meredith

(a) Residence: No. Samokin, Pa. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret H.

6. DATE OF BIRTH (month, day, year) Nov 21/1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pattern Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York. Pa.

FATHER

13. NAME George Meredith

14. BIRTHPLACE (city or town) (State or country) York. Pa

MOTHER

15. MAIDEN NAME Clara Dennison

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Margaret H. Meredith
(Address) 1446 W. 36th St-Balto.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Sept 21, 1934

19. UNDERTAKER Chenowith Son.
(Address) 3615-17 Eastern Ave.

20. FILED Sept 21 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 19/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	9/19/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 506 E Fountain

Use OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 04916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04916

CERTIFICATE OF DEATH

X13-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lyndenham Hospital (Sp. 9-01 (Ward)

CITY OF BALTIMORE: (No. ..... 6 hrs.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (Maurice Philip Eck (Eck)

(a) Residence: No. Hyde, (Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
(male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) June 5, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bal

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hyde Md

FATHER

13. NAME Philip Eck

14. BIRTHPLACE (city or town) (State or country) Hyde Md

MOTHER

15. MAIDEN NAME Pearl Blankenship

16. BIRTHPLACE (city or town) (State or country) Fork, Md

17. INFORMANT (Mrs Philip Eck
(Address) Hyde Md

18. BURIAL, CREMATION, OR REMOVAL Fork M. E. Cemetery Date Sept. 22 1934

19. UNDERTAKER Fred Leppard & Sons
(Address) Cheltenham Road

SEP 20 1934

..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1934 to Sept 20 1934

I last saw him alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	9/18/34
(Myocarditis	9/19/34

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Kahman M. D.

(Address) Lyndenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

04917 Soffa

HEALTH DEPARTMENT—CITY OF BALTIMORE F 04917

CERTIFICATE OF DEATH.

157-004

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3600 (Fayette) ST. (No.) (WARD)

2-FULL NAME Stephen Soffa, Jr

(a) RESIDENCE No. 3600 E Fayette ST., 26 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20 34

7 AGE: Years — Months — Days — If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Stephen J. Soffa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Hilda Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Stephen J. Soffa

(Address) 3600 E Fayette St.

15 Filed SEP 21 1934 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20th 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 '34 to Sept 20 '34,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Anencephalus

over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. K. Mc Ginley, M. D.

19 (Address) 2565 Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart of Mary Cemetery	Sept. 24th 1934
20 UNDERTAKER Lilly & Zilian Sons	ADDRESS 1333 W. Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 04918

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 04918

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 E Baltimore St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Maluky.

(a) Residence: No. 1438 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1882

7. AGE — Years: 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: National Exhibit Co

10. Date deceased last worked at this occupation (month and year): July 1934

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Chas. Schultz

(Address): 1438 E Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Co Date: 9/22/ 1934

19. UNDERTAKER: J. McCook

(Address): 1217 E Fayette St

20. FILED SEP 21 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible] that I last saw [illegible] alive on [illegible] 19 [illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	[illegible]
Arteriosclerosis	[illegible]
Coronary Disease	[illegible]
Other contributory causes of importance:	
acute Cardiac Dilatation	[illegible]

Name of operation: [illegible] Date of: [illegible]

What test confirmed diagnosis: [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury [illegible] 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1438 E Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone not sufficient. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 3268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04919

04919

CERTIFICATE OF DEATH

XV 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St Johns Rd 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary R. Brown

(a) Residence: No. Chestertown Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Richard W. Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Laura Younger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lawrence W. Brown Jr

(Address) 503 Register Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 22nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

SEP 21 1934 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933, 19 . to Sept 20th, 1934

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma of left kidney with metastases	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. S. Everett, M. D.

(Address) 1201 N. Calvert St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04920 04920

CERTIFICATE OF DEATH

93V-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 77-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate A. Bryan Wright

(a) Residence: No. 901 Tunbridge Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: William A. Wright

6. DATE OF BIRTH (month, day, year): April 3rd 1862

7. AGE: Years 72 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 037

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Dillsburg Pa

FATHER

13. NAME: Edward Arnold

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Lydia Gardner

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Roland A. Bryan 901 Tunbridge Rd

18. BURIAL, CREMATION, OR REMOVAL Place: Moreland Park Date: Sept 22nd 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

FILED: SEP 21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance: Congestive Failure

Name of operation ..... Date of ..... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Herzog M.D. M. D.

(Address) 130 E. Fallsway Corner

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

04921

HEALTH DEPARTMENT—CITY OF BALTIMORE

04921

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 715 Hermosa ave. St., 27-64 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Margret B. Schmick

(a) Residence: No. 715 Hermosa ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tom A. Schmick

6. DATE OF BIRTH (month, day, year) October 28, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	27 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John A. Zebauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Knapp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chas. Revell

(Address) 715 Hermosa ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 9/24/34

19. UNDERTAKER C. J. Feeney & Son

(Address) 1935 E. Lafayette Ave

20. FILED SEP 21 1934 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Several years, 19 . to Sept 19, 1934

I last saw h[illegible] alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. of Stomach Region	
Senfomatic Pneu	
	1934

Other contributory causes of importance:

Senfomatic Pneu

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. O'Connor M. D.

(Address) 1701 N Carlton st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 6 9

M. D. H. 1268-9

504 ✓

04922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 04922

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 6440 Bellona Ave St., 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Chamberlaine

(a) Residence: No. 6440 Bellona Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin J. E Chamberlaine

6. DATE OF BIRTH (month, day, year) March 31 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Charles Howard

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Caroline Mason

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs Charles R. Richards

(Address) 6440 Bellona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 9/21/ 1934

19. UNDERTAKER E J Fleming & Son

(Address) 435 E Lafayette Ave

SEP 21 1934 Huntington Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6. 1934 to September 18. 1934

I last saw her alive on Sept 14 1934 Death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Renal disease	2
Other contributory causes of importance:	
Myocardial insufficiency	1 mo.

Name of operation — Date of ...

What test confirmed diagnosis? Ext. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. W. Smith M. D.

(Address) 3429 Eastern Ave

INFORMATION should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 5 3

M. D. B. 1268-9

04923

HEALTH DEPARTMENT—CITY OF BALTIMORE

04923

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6102 Glen Oak Ave. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 23 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sigrid Oskario Rayfield

(a) Residence: No. 6102 Glen Oak Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert A Rayfield

6. DATE OF BIRTH (month, day, year) 7/15/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Brooklyn New York

FATHER

13. NAME Ernst Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sigrid Johnson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Albert A Rayfield
(Address) 6102 Glen Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 22 1934

19. UNDERTAKER Edmund W. Gontelo
(Address) 624 Eager St.

20. FILED SEP 21 1934 19 Huntington Williams, N.P.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1934 to Sept. 19 1934

I last saw her alive on Sept. 19 1934 Death is said to have occurred on the date stated above, at 10 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (1 hr.)	
Other contributory causes of importance: Chronic Myocarditis	Since childhood

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) M Cole M. D.

(Address) 6014 York Road

Information should be carefully supplied. AGE should be accurately stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

04924

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04924

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 S. Newkirk St. St., 16-01 (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antoni Barabasz

(a) Residence: No. 346 S. Newkirk St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marcela Barabasz

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stephan Barabasz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Nowakowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Marcela Barabasz

(Address) 346 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary, Date Sept. 22, 1934

19. UNDERTAKER Harold W. Gyscewski

(Address) 1930 Eastern Ave.

SEP 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 34

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1933 to Sept. 19, 1934

I last saw him alive on Sept. 19, 1934 Death is said to have occurred on the date stated above, at 7 30 a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	7/33
Other contributory causes of importance:	
Broncho-pneumonia	5 days

Name of operation none Date of --

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Beibel M. D.

(Address) 1226 E. Hamburg St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04925

F 04925 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 Arabia Ave St., 27-C1 Ward)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S. If of foreign birth 75 yrs. — mos. — ds.

2. FULL NAME Antonette Dierkew

(a) Residence: No. 4402 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of: the late Frederick Dierkew

6. DATE OF BIRTH (month, day, year): November 28 1838

7. AGE: Years 95 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Theodore Ruberg

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Antonette Kramer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Ana Maria McCaddin
(Address) 4402 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Cemy Date Sept 22 1934

19. UNDERTAKER: Henry Troup Sons Inc
(Address) 1301 E Eager St

SEP 21 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1934 to Sept 19th 1934

I last saw h alive on Sept 19 1934 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Congestion of Lungs — Date of onset 9-15-34

Arteriosclerosis long duration

Other contributory causes of importance: Senility — no age

Name of operation. — Date of

What test confirmed diagnosis Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) L. K. Gordy. M. D.

(Address) Harford Rd & Rundel Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. B. 1208-9

F 04926

04926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., ... (Ward)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth 80 yrs. 2 mos. 11 ds.

2. FULL NAME Mr. Leonard Richard Woolen Resident

(a) Residence: No. 3701 Belle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth E. Woolen

6. DATE OF BIRTH (month, day, year) July 8 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Mgr 486

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corp.

10. Date deceased last worked at this occupation (month and year) July 3 1934

11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Leonard R. Woolen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rachael A. Norwood

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs E E Woolen (wife)
(Address) 3701 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 9/21/ 34

19. UNDERTAKER Stuart M'Comb Co.
(Address) 108 W. Mt. Ave.

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-19-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934 to Sept 19, 1934

I last saw him alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 3 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	9-9-34
Other contributory causes of importance: Bronchopneumonia	9-14-34

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Proctor M. D.

(Address) Md Gen. Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 04927

F 04927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 24-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma B. Gabler

(a) Residence: No. 1741 Abingdon St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter M. Gabler

6. DATE OF BIRTH (month, day, year) 3/11/1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa -

FATHER

13. NAME Charles Close

14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME Alice Shaffer

16. BIRTHPLACE (city or town) (State or country) Pa -

17. INFORMANT Friends — Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 22, 1934

19. UNDERTAKER John F. Henry
(Address) 715 Light St.

20. [illegible] 19..
Registrar.

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Sept 19, 1934

I last saw her alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Hypertension	"
Arteriosclerosis	"

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Benj. M. Gabler Jr. M. D.

(Address) 1E Chase St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 04928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Woodland Ave. St., 27-01 Ward)

Length of residenre in rity or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Russell Bayly

(a) Residence: No. 2919 Woodland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret J. Bayly

6. DATE OF BIRTH (month, day, year) Dec. 17. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Joseph T. Bayly

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Harriet C. Hamilton

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Harriet C. Bayly
(Address) 2919 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Gettysburgh Pa. Date Sept. 22. 34

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. [illegible] Huntington Williams, N.Y.

SEP 21 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20/34 19

22. I HEREBY CERTIFY, That I attended deceased from Sep 19 34 to Sep 20 34
I last saw him alive on Sep 20 34 Death is said to have occurred on the date stated above, at 12.50 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	9.19.34

Other rontributory causes of importance:

Arteri Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (specify)

(Signed) John D Buteal M. D.

(Address) 4803 Park Heights Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 04923 ✓ F 04929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53

1. PLACE OF DEATH Hilkens + Eaton ave

CITY OF BALTIMORE: (No. St. Agnes Hosp. Ward) 9-5-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adah Hancock

(a) Residence: No. 412 Highland St., Pottstown Ward, Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecil Hancock

6. DATE OF BIRTH (month, day, year) Dec. 11-1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38 87	9	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Ohio

FATHER

13. NAME John Bernmont.

14. BIRTHPLACE (city or town) (State or country) Warren Ohio

MOTHER

15. MAIDEN NAME Sattie Jarrette.

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Dr C. L. Hancock

(Address) 412 Highland Pottstown Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Pottstown Cem. Date Sept. 24 1934

Pottstown Pa

19. UNDERTAKER John S. Henry

(Address) 715 Light St.

Huntington Williams, N.Y.

20. FILED SEP 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-9 1934 to 9-20 1934

I last saw her alive on Sept 5 1934 Death is said to have occurred on the date stated above, at 6 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma soft parts - lg. left. with metastases especially to lungs.	1930

Other contributory causes of importance:

Name of operation { Excision of tumor 4-30-31 Amputation left leg 7-15-34 Date of

What test confirmed diagnosis? Abst Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) L. Clarence Cohn M. D.

(Address) 3301 N. Charles St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

1930

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04930

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N Augusta Ave St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Vaeth

(a) Residence: No. 635 N Augusta Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced (or) WIFE of the late Frank L. Vaeth

6. DATE OF BIRTH (month, day, year) April 1st 1806

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Bauer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank L. Vaeth

(Address) 635 N Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 9/22 1934

19. UNDERTAKER Wm J Cowan & Son

(Address) 1911 Hollins St

20. FILED 1934 Registrar.

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1934 to Sept 19, 1934

I last saw h[illegible] alive on Sept 19, 1934 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	1 yr.

Other contributory causes of importance:

None.

Name of operation none Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Boston M. D.

(Address) 888 Hamilton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

04931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04931

CERTIFICATE OF DEATH

X 50

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ✓ ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs Margaret Burton.

(a) Residence: No. Lutherville - Md. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Burton.

6. DATE OF BIRTH (month, day, year) Nov 22nd 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 6 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville

FATHER

13. NAME Thomas Coyle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Morgaret Martin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Samuel B. Burton

(Address) Lutherville, Md.

18. BURIAL, CREMATION, OR REMOVAL

St Joseph Cem Texas, Md Date 9/24/34

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED ....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/34

22. I HEREBY CERTIFY, That I attended deceased from 9/18/34, 1934 to 9/20/34, 1934

I last saw h alive on 9/20/34, 1934 Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

Primary carcinoma of Breast with metastasis to lungs. — Date of onset Aug 1933

Other contributory causes of importance:

Terminal Bronco Pneumonia - Secondary Anemia - Cachexia

Name of operation Amputation of Breast Date of 9/6/34

What test confirmed diagnosis? Microscopic there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Wagemueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

SEP 21 1934

Important: Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

04932

HEALTH DEPARTMENT—CITY OF BALTIMORE

04932

CERTIFICATE OF DEATH

210-001

Registered No. 10-81

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 0 mos. 1 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Jeremiah F. Mc Carthy

(a) Residence: No. 2719 W. Baltimore St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	W.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes McCarthy

6. DATE OF BIRTH (month, day, year) Aug. 10, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Michael McCarthy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Clark
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Agnes McCarthy
(Address) 2719 W Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9-22 ... 1934

19. UNDERTAKER John J. Cousins & Son
(Address) 421 Hollins St.

SEP 21 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept . 19 . to ... 19...
I last saw him alive on Sept . 19 . Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/19. 1934
Where did injury occur? Harford Rd & North Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while
Nature of injury walking across street.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P. Kenny M. D.
(Address) 2200 E Madison St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly ... OCCUPATION is very important. See instructions on back of certificate.

V S 6

F. 04933

✓ F 04933

2900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 36

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-01 (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leila Wright

(a) Residence: No. Jones Station St., near Annapolis Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 27 | Months: | Days: | If LESS than 1 day hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Judge Lewis

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lydia Hovey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Carpenter's Hill Date: Sept 23, 1934

19. UNDERTAKER: Mrs. E. H. Parker

(Address) 47 Washington St. Annapolis, Md

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Sept 20, 1934

I last saw h[illegible] alive on Sept 20, 1934 Death is said to have occurred on the date stated above, at 3[illegible] P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Streptococcus B	9-17-34
Paroxysmal Tachycardia	9-16-34

Other contributory causes of importance:

Foreign body in arm for 1 wk before operation.

Name of operation: Removal foreign body Date of: 9-15-34

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M B Woodhall M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

049216 29 01 16

F 04934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002 F-04934

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 6-61 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Craig

(a) Residence: No. 123 N - Duncan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) 6/5/1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Howard Craig

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Mildred Parks

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Texas -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 21, 1934

19. UNDERTAKER Frank V. Rupertone

(Address) 2115 E. Balto St

20. FILED SEP 21 1934 in Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1934 to Sept 19 1934

I last saw him alive on Sept 19 1934 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, bacillary, acute	9-12-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Stool Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis D. Schwartz Chas M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-0

F 04935

F 04935 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Green St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Domenick Carmento

(a) Residence: No. 311 N. Green St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Concetta Marsiglia Carmento

6. DATE OF BIRTH (month, day, year) Sept 16 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fruit Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Carmenstr

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Alesandro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Marsiglia

(Address) 311 N. Green St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 22. 1934

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore St

20. FILED SEP 21 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932 to Sept 19, 1934

that I last saw alive on Sept 18, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) 613 S. Wolfe St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 04936

F 04936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 W. Saratoga St. 20-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth A. Conner

(a) Residence: No. 1912 W. Saratoga St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Conner

6. DATE OF BIRTH (month, day, year) July 17, 1855

7. AGE Years	Months	Days	If LESS than 1 day, Hrs. or min.
79	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Cross

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth T. Ratcliff

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Gertrude Ahlenfeng

(Address) 1912 W. Saratoga st

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 22, 1934

19. UNDERTAKER Frank V. Ritzstone

(Address) 2518 E. Balto

20. FILED _____, 19____ _____ Registrar.

SEP 21 1934 to Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1934, to Sept 19, 1934

I last saw h.pd alive on Sept 19, 1934 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance: Acute Bronchio-Pneumonia	9/17/34

Name of operation None Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) _____ M. D.

(Address) _____

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04937

CERTIFICATE OF DEATH

174 F 04937

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irma Mitchell

(a) Residence: No. 105 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24th 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Bertha Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Theodore White
(Address) 113 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Sept 22 19 34

19. UNDERTAKER Theodore White
(Address) 113 S Wolfe St

20. FILED SEP 21 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 16/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injured brain due to fractured skull	9/15/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of Injury 9/15/34
Where did injury occur? Balto., Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home.
Manner of Injury struck with (probably ax)
Nature of Injury in bed -2nd floor front

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) 508 E Mont...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. F. 1365-2

F 04938

F 04938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 1501 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel Finerman

(a) Residence: No. 3910 Main Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bato Mog

FATHER

13. NAME Abe Finerman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Leperstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Date 9-21-34 19

19. UNDERTAKER Levi Levin Inc

(Address) 1439 E. Baltimore St

20. FILED SEP 21 1934 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10. 1934. to Sept. 20. 1934

I last saw him alive on Sept. 20. 1934. Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	
Other contributory causes of importance:	
Secondary anemia	

Name of operation ..... Date of .....

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Byr Sollod, M. D.

(Address) Sinai Hospital

INFORMATION ASKED FOR ON THIS CERTIFICATE is required by law. Please answer questions fully and correctly. Type or print plainly in black ink. Do not abbreviate. Write in the words and do not use figures except for ages. If unknown or if the question does not apply, state it. Sign certificate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

P 04939

Dr. Jerich

HEALTH DEPARTMENT—CITY OF BALTIMORE

04939

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Portland St. 27-001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Feinstein

(a) Residence: No. 634 Portland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Harry

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abraham - Son

(Address) 634 Portland

18. BURIAL, CREMATION, OR REMOVAL

Edwin Raynor Corp. Date 9/21/34 19

19. UNDERTAKER: Sol Levin Inc

(Address) 1439 E. Baltimore St.

20. FILED SEP 21 1934 Registrar. 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-34 19

22. I HEREBY CERTIFY, That I attended deceased from 6-24 19 34 to 9-21 19 34

I last saw her alive on 9-21 19 34 Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton B. Kursh M. D.

(Address) 2904 Reisterstown Rd.

Information should be carefully supplied. All blanks should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

M. D. F. 1268-9

F. 8940 HEALTH DEPARTMENT—CITY OF BALTIMORE 4940

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 131

CITY OF BALTIMORE: (No.) St. 14-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Holley

(a) Residence: No. 1624 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/13/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Launderess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Tilman Holley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Estelle Young

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date Sept 21, 1934

19. UNDERTAKER Rayner Sanders (Address) 1413 E Preston St

Huntington Williams, Undertaker

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1934, to Sept. 17, 1934.

I last saw her alive on Sept 17, 1934 Death is said to have occurred on the date stated above, at 6:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis, acute exacerbation	
Bronchopneumonia	
Hypertension	
Other contributory causes of importance:	
Cerebral edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Carmichael Taylor M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, 33 E. Calvert St., Ward) 26-61

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. [Mrs John E.] Morris

(a) Residence: No. 4307 White Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E Morris

6. DATE OF BIRTH (month, day, year) Mar 28-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1903

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weston W. Va

FATHER

13. NAME Marcellus Roberts

14. BIRTHPLACE (city or town) (State or country) Weston W. Va

MOTHER

15. MAIDEN NAME Florence Gibson

16. BIRTHPLACE (city or town) (State or country) Weston

17. INFORMANT Mrs Lou Rogers (daughter)
(Address) 4307 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Run W. Va Date 9/21, 1934

19. UNDERTAKER Harry E. Whitacre
(Address) 1100 Edmondson Ave

20. Filed SEP 21 1934 Huntington Williams, W. Va
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/12/34, 19 to 9/20/34, 19

I last saw h.e alive on 9/19/34, 19 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Arterio Sclerotic Heart Disease	?
Other contributory causes of importance: Pneumonia - Rt ?	9/19?

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. Jelinek Anderson, M. D.
(Address) Union Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 04942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Penhurst Ave St., 28-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addie Imay Cranmer

(a) Residence: No. 4303 Penhurst Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 5 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0 7d

12. BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

FATHER

13. NAME Thomas C. Creglmer

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Abbie P. Dye

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Miss Lillie Cranmer

(Address) 4303 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Sept 22, 1934

19. UNDERTAKER Frank Leppo

(Address) 1600 W Baltimore Ave

20. FILED SEP 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/34, 19... to Sept 20, 19... I last saw h.. alive on Sept 20/34, 19... Death is said to have occurred on the date stated above, at 1-15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of Int	Sept 20 1934
Myocarditis,	Jan 1/34

Other contributory causes of importance:

Arteriosclerosis	1930

Name of operation None Date of .....

What test confirmed diagnosis? Supposed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter S. Tibbitt M. D.

(Address) 2220 Harford Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04943

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 Huron St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Galloway

(a) Residence: No. 2519 Huron St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 2519 Huron St. Balto Md.

FATHER

13. NAME Raymond Downey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Galloway

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Sept 22 1934

19. UNDERTAKER Joseph A. Lipsky
(Address) 1618 Mount Street

20. FILED SEP 21 1934 Hattie F. Wheeler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1934 to Sept 20 1934

I last saw him alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 6:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I saw deceased (Signed) M. Alexander Lowry M. D.

(Address) 1516 Madison Ave.

information should be carefully supplied. AGE should be stated EXACTLY. Prefixes such as state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. R. 1268-9

04944 290144

HEALTH DEPARTMENT—CITY OF BALTIMORE

04944

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 18-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathew Sprague

(a) Residence: No. 63 Amity St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/17/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0/0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

FATHER

13. NAME Ben Sprague

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Peterson

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Sept 22 1934

19. UNDERTAKER Joseph A. Lively

(Address) 104 N. Mount Street

Huntington Williamsport, Md.

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept-14 1934 to Sept-18 1934

I last saw him alive on Sept: 18 1934 Death is said to have occurred on the date stated above, at 1145 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & Enteritis	7-10-34
Other contributory causes of importance:	
Otitis media	7-15-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Francis D. Schweinhaut M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. Physician's or state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

E 04945

HEALTH DEPARTMENT—CITY OF BALTIMORE

04945

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 640 Greenmilla (Street) 17-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac A. Payne

(a) Residence: No. 640 Greenmilla (Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14 1930

7. AGE: Years | Months | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Payne

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Isaac Payne

(Address) 640 Greenmilla

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Md Date Sept 21 1934

19. UNDERTAKER

(Address) Huntington Funeral Home, Inc.

Registrar.

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept 19 1934

I last saw h alive on Sept 20 1934. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Link Coroner, M. D.

(Address) Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04946

Maranto

F 04946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5901 Belair Road St., 36-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa Maranto

(a) Residence: No. 5901 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Giuseppe Maranto

6. DATE OF BIRTH (month, day, year): April 8 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cashier-Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 009

10. Date deceased last worked at this occupation (month and year): Sept. 16-1934

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Cefalu' Italy

FATHER

13. NAME: Pasquale Di Fatta

14. BIRTHPLACE (city or town) (State or country): Cefalu' Italy

MOTHER

15. MAIDEN NAME: Nicoletta Maranto

16. BIRTHPLACE (city or town) (State or country): Cefalu' Italy

17. INFORMANT: Giuseppe Maranto

(Address): 5901 Belair Road

18. BURIAL, CREMATION, OR REMOVAL: Sep. 22-1934

Place: Date: , 19

19. UNDERTAKER: Frank Della Noce

(Address): 52 N Morley St

Registrar.

SEP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to September 19, 1934

I last saw her alive on August 31, 1934 Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease with cerebral hemorrhage	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Stoy, M. D.

(Address) 401 N Edmondson

INFORMATION should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04947 GE 04947

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 76-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gino Bruciarelli

(a) Residence: No. 3408 Leaverton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	4	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Jacinto Bruciarelli

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Stefanelli

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Jacinto Bruciarelli
(Address) 3408 Leaverton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 24, 1934

19. UNDERTAKER Frank Della Noce
(Address) 52 N. Motley St.

20. FILED ... Registrar

EP 211934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Shock.	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/20, 1934
Where did injury occur? Highland & Leaverton Aves
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place Street Accident
Manner of Injury Run over by auto while playing in street.
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Kenny M. D.
Coroner
(Address) 2200 E Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04948

04948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5068 S. Washington St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Strubble

(a) Residence: No. 322 S. Duncan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Catherine Frank

(Address) 322 S. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Sept 22 34

19. UNDERTAKER Wm. J. Fialkowski

(Address) 2002 Eastern Ave

(Signature) ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 34 to Sept. 18 34

I last saw her alive on Sept. 15, 19 34. Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Congestive heart failure	July 1934
Other contributory causes of importance: Chronic Nephritis	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Maurice C. Foster M. D.

(Address) 346 N. Castle St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 21 1934

RKN

1-30—M. & T.—100 B—50L

F 04949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04949

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Roland Avenue ST., 13-81 WARD)

2-FULL NAME Charles E. Bowersox

(a) RESIDENCE NO 3610 Roland Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine S. Bowersox

6 DATE OF BIRTH (month, day, and year) Feb. 26, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work retired-policeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford County

PARENTS

10 NAME OF FATHER Charles C. Bowersox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Mary A. Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant Mrs. C. P. Burton

(Address) 3610 Roland Avenue

15 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John Bowersox, M. D. Coroner

19 (Address) 3610 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Sept. 22 1934

UNDERTAKER J. S. Marshall [illegible] Road

ADDRESS

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every statement should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

P 21 1934

M. D. B. 1268-9

04950 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04950

CERTIFICATE OF DEATH ✓ 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Ashland Ave St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Williams

(a) Residence: No. 808 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	School

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Churchill N. C.

FATHER

13. NAME Lucious Williams

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lena Williams

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Lucious Williams
(Address) 808 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Lookout Cem Date 9-21-34 19

19. UNDERTAKER Upton Manor W. Wright
(Address) 2118 E. Eager St

EP 21 1934

Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1934 to Sept 20 1934

I last saw her alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Sept 1934

Other contributory causes of importance:

Name of operation Laboratory Test Date of operation Sept 18 1934

What test confirmed diagnosis? Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. O. Allen M. D.

(Address) 50 Augusta St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 04951

E 04957 HEALTH DEPARTMENT—CITY OF BALTIMORE

24068

CERTIFICATE OF DEATH ✓ 24

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1601 Ward)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Haines

(a) Residence: No. 1311 Dundalk Ave St., Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-26-1933

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Haines

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Wanda Russell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Mary Date Sept 22 19 34

19. UNDERTAKER John J Tuohy

(Address) 2511 Hudson St

EP 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1934 to Sept 20, 1934

I last saw him alive on Sept 20, 1934 Death is said to have occurred on the date stated above, at 7.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	about Sept 14th

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lydia B Edwards, M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

E 04952

HEALTH DEPARTMENT—CITY OF BALTIMORE

04952

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-81 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Thomas C. Wheeler

(a) Residence: No. 3812 White Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta Dial Wheeler

6. DATE OF BIRTH (month, day, year) Sep 30/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	58	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. 97

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas J. Wheeler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Etta Dial Wheeler

(Address) 3812 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Lakewood Cemetery Date Sept 24. 1934

19. UNDERTAKER Chas. S. Black

(Address) 742 W. Fayette ave

SEP 21 1934 Newton Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.45 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. H. Fallin, M. D.
Coroner

(Address) 50 E Lanvale

Information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Bank Street St 2-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Julianna Staniec

(a) Residence: No. 1723 Bank Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ WIFE of Late Frank Staniec

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Frances Giza

(Address) 1723 Bank Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Sept 22nd 1934

19. UNDERTAKER George A. Weber

(Address) 765 S. Conkling Street

[illegible] 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 34 to Sept 19 34

I last saw h[illegible] alive on Sept 19 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease & Auricular Fibrillation	7yrs 2yrs
Other contributory causes of importance: Senility.	

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maxine Cottenfield M. D.

(Address) 316 So. Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information required should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 21 1934

M. D. B. 1268-9

F 04954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04954

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3043 Belair Rd St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James C Busey

(a) Residence: No. 3043 Belair Rd St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Busey

6. DATE OF BIRTH (month, day, year): July 29 1904

7. AGE: Years 30 | Months 1 | Days 20 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gov't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Richard Busey

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Amelia Busey

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Amelia Busey

(Address) 3043 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL: 3001 Ver Hon Kentucky

19. UNDERTAKER: Western Cemetery

(Address) Sept 22 - 1934

20. Filed: SEP 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to Sept. 19 1934

I last saw h. alive on Sept. 19 1934. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Other contributory causes of importance: Exhaustion	9/10/34

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Campbell M. D.

9/20/34 (Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04955

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Rauh

(a) Residence: No. 54 S. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 20, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schlaub

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 24 1934

19. UNDERTAKER John C. Miller
(Address) 2435 E. Eager St.

(Date) Sept 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to Sept 20, 1934

I last saw him alive on Sept 20, 1934 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cerebral Sclerosis	?
II Myocardial Insufficiency	
III Congestive failure	1 yr

Other contributory causes of importance: Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) I. P. Nagel, M. D.

(Address) Balt City Hosp

SEP 21 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 04956

F 04956

2897 66

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Williams

(a) Residence: No. 805 Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-27-1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Henry Williams

14. BIRTHPLACE (city or town) (State or country) N. Car

15. MAIDEN NAME Elsie King

16. BIRTHPLACE (city or town) (State or country) Records

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. Col Date 9/21/34

19. UNDERTAKER

(Address)

20. FILED SEP 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934 to Sept 14, 1934

I last saw him alive on Sept 14, 1934 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia and enteritis	9-1-34
Other contributory causes of importance:	
Otitis media, acute	9-8-34

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Louis D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. This is a permanent record. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 21 1934

M. D. B 1268-9

F 04957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04957

CERTIFICATE OF DEATH

V 120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 530 W Biddle St. 17-01 (Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Richard

(a) Residence: No. 530 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — 4. Color or Race: Female Col — 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 18 1913

7. AGE: Years 21 | Months 4 | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER

13. NAME: Wm Richard

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Eugenia Mabley

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Jas. Richard
(Address): 530 W. Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 20 1934

19. UNDERTAKER: Danl Eveler
(Address): 410 Dn ave.

20. FILED ... 1934 ... Registrar.

EP 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastro Enteritis
2 weeks

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leuck, M. D.
Coroner
(Address) Coroner

Information should be carefully supplied. Answer all questions. Be sure that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04958

CERTIFICATE OF DEATH

X 93-003

1. PLACE OF DEATH — United States Marine Hospital

CITY OF BALTIMORE: (No. ..... St., 42-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — William J. Quillen

(a) Residence: No. Berlin, Maryland St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — Lulu Bloxom Quillen

6. DATE OF BIRTH (month, day, year) — October 24, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Surfman (retired) U.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Coast Guard

10. Date deceased last worked at this occupation (month and year) — 16 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Taylorville, Md.

FATHER

13. NAME — William J. Quillen

14. BIRTHPLACE (city or town) (State or country) — Maryland

MOTHER

15. MAIDEN NAME — Clairey Jones

16. BIRTHPLACE (city or town) (State or country) — Maryland

17. INFORMANT — Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Berlin, Md. Date Sept 24 1934

19. UNDERTAKER — E. Leroy Stiller, Inc.
(Address) 125 E. Main St. Berlin, Md.

SEP 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 9/21/34

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1934, to September 21, 1934

I last saw him alive on September 21, 1934 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	unknown
Arteriosclerosis, general with hypertension	"
Prostatitis, chronic c hypertrophy	"
Other contributory causes of importance:	over
Obesity	"

Name of operation ... Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas Duncan M. D.

(Address) U.S. Marine Hospital, Baltimore

Information should be carefully supplied. A DE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04959

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Byrd St. St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John F. Young

(a) Residence: No. 1826 Byrd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Louise Young

6. DATE OF BIRTH (month, day, year) February 12c 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls River Mass.

FATHER

13. NAME John Young

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

15. MAIDEN NAME Johanna Shea

16. BIRTHPLACE (city or town) (State or country) Boston Mass.

17. INFORMANT Mrs. Louise Young
(Address) 1826 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 24 1934

19. UNDERTAKER L. Fenwick McCully
(Address) 130 E. Fort Ave.

20. FILED SEP 21 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1934 to Sept. 20 1934

I last saw him alive on Sept 19 1934 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/19/34
Other contributory causes of importance:	
Exhaustion	9/19/34

Name of operation none Date of —

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. Campbell M. D.

9/21/34 (Address) 1644 Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 04960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04960

CERTIFICATE OF DEATH

✓186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Mt.Holly St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia B.Schouler

(a) Residence: No. 2809 Mt.Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rev.Wm.Schouler

6. DATE OF BIRTH (month, day, year): Aug.2,1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Wm.C.Heaton

14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER

15. MAIDEN NAME: Maria Warford

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Mrs.Wm.J.Miller
(Address) 2809 Mt.Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Elkton Md. Date: Sept.22,1934

19. UNDERTAKER: Robert J. Little
Address: 2700 Edmondson Ave.
Filed: SEP 21 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept.20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug.5, 1934 to Sept.20, 1934

I last saw her alive on Sept.20, 1934 Death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left Femur	6 wks
Chronic Myocarditis & Arteriosclerosis	8 yrs
Other contributory causes of importance: Bronchio-pneumonia	1 day

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) state in addition the following:

Accident, suicide, or homicide? Accident Date of injury 3/6, 1927

Where did injury occur? Home, Balto City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Slipped on floor

Nature of injury: Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert J. Little, M. D.

(Address) 119 Park Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EP 21 1934

M. D. B 1268-9

F 04961

04961 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Edmondson Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Matthews

(a) Residence: No. 2720 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Matthews

6. DATE OF BIRTH (month, day, year) June 24, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Matthews

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amelia Laib

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary E. Matthews
(Address) 2720 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 24, 1934

19. UNDERTAKER Robert V. Little
(Address) 2700 Edmondson Ave

EP 21 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18th 1934 to Sept 20th 1934

I last saw him alive on Sept 20th 1934 Death is said to have occurred on the date stated above, at 3.35 p m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardio-vascular Renal disease - & coronary thrombosis —

Date of onset

Other contributory causes of importance:

senility

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. P. Bayley M. D.

(Address) 30 & S. W. Nor. Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B. B. 1268-9

E 04962

04962 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 E. Orleans St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer W. Tarr

(a) Residence: No. 2513 E. Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME William J. W. Tarr

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hermann Tarr
(Address) 2513 Orleans

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept. 22/34

19. UNDERTAKER M. J. Miller & Son
(Address) 534 Lemmon St.

(Date) ... 19... Registrar.

SEP 21 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Sept 19, 1934

I last saw him alive on Sept 19/34, 19... Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs
	3 Mos

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. W. Wheaton, M. D.

(Address) 4305 York Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 04963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04963

CERTIFICATE OF DEATH

V 87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virgie Freeman

(a) Residence: No. 332 N. Carlton St. cor Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Freeman

6. DATE OF BIRTH (month, day, year) 1889

7. AGE: Years 45 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Archer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maria Wray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Freeman

(Address) 332 N. Carlton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 22 1934

19. UNDERTAKER Dent Eaton

(Address) 916 E. Pratt

FILED SEP 21 1934 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Sept 20 1934

that saw h alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	
few hours	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. Beck Boarman Coroner M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. B. P. 1268-9

F 04964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04964

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Hamilton Ave 7-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip H. Brown √

(a) Residence: No. 4000 Hamilton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry √

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Cooley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Cora E. Cooper

(Address) 4000 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Sept 22nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

SEP 22 1934

Huntington Public Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1934 to Sept 20, 1934

I last saw h-im alive on Sept 20, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Indef 1934

Other contributory causes of importance:

Chronic Myocarditis	Indef 1934

Name of operation — Date of —

What test confirmed diagnosis? Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw W Pearson, M. D.

(Address) 1 W. Preston Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

04965
28/994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04965

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Ferrante

(a) Residence: No. 1107 Proctor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-28-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Tony Lebard

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Sept. 25 1934

19. UNDERTAKER Randall Undertaking Co

(Address) 360 N. Eden St.

SEP 22 1934 19 ..... Registrar.

Huntington Printing Co., Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to Sept 21, 1934

I last saw her alive on Sept 21, 1934 Death is said to have occurred on the date stated above, at 3.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis (cut attack, July 1934)	1934
~~Cholecystectomy~~	July 30
~~Secondary abscess of wound~~	Aug 6
Infected Infarct of lung	

Other contributory causes of importance: Failure of operative incision to heal.

Name of operation Cholecystectomy & secondary closure Date of July 30 Aug 6

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N.O. If so, specify .....

(Signed) M B Wourbach, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR INDELIBLE PENCIL. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9

04966

HEALTH DEPARTMENT—CITY OF BALTIMORE

04966

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hosp. Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Gaff

(a) Residence: No. 1326 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12-1933.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto- Md

FATHER

13. NAME John Gaff

14. BIRTHPLACE (city or town) (State or country) Balto- Md

MOTHER

15. MAIDEN NAME May Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. M. Zorgo

(Address) 1326 N. Washington st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Sept 23, 1934

19. UNDERTAKER Handley & Russell

(Address) 300 N. Eutaw st

20. FILED SEP 22 1934, 19 Hunter for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-21-, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by Oil of wintergreen	9/20/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury 9/20, 1934

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home from bottle

Manner of injury Drank oil of wintergreen

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene Zollers M. D. Coroner

(Address) 2739 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04967

CERTIFICATE OF DEATH

X 124-001

F 04967

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. mercy hospital St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sam Reachard

(a) Residence: No. Pylesville Howard Co., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Rockford

6. DATE OF BIRTH (month, day, year) Sept 20, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50		/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME Esther Rockford

14. BIRTHPLACE (city or town) (State or country) Md

FATHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Pearl Rockford.
(Address) Pylesville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pylesville Md. Date Sept 23, 1934

19. UNDERTAKER H. E. Hott
(Address) Ferno Grove Md

SEP 22 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1934, to 9/21, 1934.

I last saw him alive on 9/21, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
Cirrhosis of liver	
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Smith M. D.

(Address) Mercy Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

04968 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 04968

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 N. Pat. Pk. Ave St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George B Lewton

(a) Residence: No. 830 N. Pat. Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May 28 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wm W. Lewton

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Harriet Walker

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Clara B. Lewton

(Address) 830 N. Pat Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dunbar Cemetery Date 9/22/34. 19

19. UNDERTAKER: Phillips Herring Lord

(Address) 2016 Orleans St

20. FILED ..... 19..... Registrar.

SEP 22 1934 H. Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept 19, 1934

I last saw h alive on Sept 17, 1934 Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 17

Other contributory causes of importance:

Chronic Nephritis

Prostate Trouble

Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public** place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wm B Peters M. D.

(Address) 1 N Pat Pk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04969 04969

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH 1200 Valley
CITY OF BALTIMORE: (No. Little Sisters of the Po St., 10-A Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Carroll

(a) Residence: No. 1200 Valley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 20/1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Carroll

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Sister Stanislas, Superior
(Address) 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept 22 1934

19. UNDERTAKER Fitz Wiedefeld
(Address) 914 Eremont Ave

20. FILED SEP 22 1934 Easton Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 21/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis ???	

Other contributory causes of importance:

Cancer of stomach	6 mon.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. H. Porter M. D.
Coroner

(Address) 508 E Fayette St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Verso

Spec.—9 30—A. & Co.—250 Bks.

F 04970 HEALTH DEPARTMENT—CITY OF BALTIMORE F 04970

CERTIFICATE OF DEATH.

23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 232 N. Fremont St. 18-01 WARD)

2 FULL NAME Agnes Brown

(a) RESIDENCE NO. 232 N Fremont ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel Brown

6 DATE OF BIRTH (month, day, and year) June 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	3	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Lloyd Buck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Lucie Groos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant Lloyd Buck
(Address) 232 N. Fremont

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20. 34

17

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934, to Sept 20, 1934, that I last saw her alive on Sept 19, 1934, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dmeclar M. D.
9-21 1934 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Eastern Chapel Calvert co Md	Sept 24 1934
20 UNDERTAKER	ADDRESS
Joseph A Lively	4048 N Mount St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 22 1934

M. D. F. 1208-9

✓ F 04971

04971 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Berlle Lucas

(a) Residence: No. 16 Murphy St St., ... Ward, Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9/8/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Alfred Lucas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ? Kinnes

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Sept 22 1934

19. UNDERTAKER Geo M. Funk Son

(Address) 211 N Williams St

20. FILED ..... 19 Arlington Williams, N.P.

SEP 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934, to Sept 20, 1934

I last saw h.her alive on Sept 20, 1934. Death is said to have occurred on the date stated above, at 10 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus neonatorum	9 15 34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Lee K. Frankel M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. THE ATTENTION OF PHYSICIANS is called to the fact that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S S 3

M. D. P. 1268-9

04972 HEALTH DEPARTMENT—CITY OF BALTIMORE 04972

CERTIFICATE OF DEATH 107-001

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 76-al Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Kellner

(a) Residence: No. 3509 Dillon Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edw. Kellner Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E. Voss

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edw. Kellner Sr.

(Address) 3509 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date Sept 23 1934

19. UNDERTAKER Jos. Geruel

(Address) 222 Eastern Ave.

FILED SEP 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 9-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to Sept 20, 1934

last saw him alive on Sept 20, 1934. Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Prematurity	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arthur C. Kalisch M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 8 1935-3

F 04973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04973

119 Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs 6 mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Helene Miller

(a) Residence: No. 1632 Augusta St., Ward. Baltimore City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/12/25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10 Months	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME George Miller
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Cousins
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Elizabeth Miller
(Address) 1632 Augusta St

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Sept 22 1934

19. UNDERTAKER John Ellicott
(Address) 2006 Orleans St

Huntington Williams, Undertaker

SEP 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1934 to Sept. 21 1934
I last saw h[illegible] alive on Sept 21 1934 Death is said to have occurred on the date stated above, at 4:33 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diarrhea	6 days

Other contributory causes of importance:

Lobar Pneumonia Right Lower Lobe (Early)

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, [illegible]

(Signed) J. M. Magruder M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 F 04974

F 04974

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hosp.

CITY OF BALTIMORE: (No. Wilkens & Caton 20-21 St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William B. Miller

(a) Residence: No. 2002 N. Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace F. Miller

6. DATE OF BIRTH (month, day, year): June 26, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Miller

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT Mrs. Grace F. Miller

(Address) 2002 N. Henry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 9/24 1934

19. UNDERTAKER Frank T. Whittle

(Address) 410 E. Lanvale St.

Huntington Pittsburgh, Pa.

Registrar.

SEP 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-34

22. I HEREBY CERTIFY, That I attended deceased (from) 9-20 1934 to 9-21 1934

I last saw him alive on 9-21 1934 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Chronic — Date of onset 1930 — 9/9/34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Earl G Parker M. D.

(Address) St Agnes Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 04975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04975

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 Reisterstown Rd St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sussan S. Leech

(a) Residence: No. 3725 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Leech

6. DATE OF BIRTH (month, day, year) Nov. 4, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Stevens

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Blanche Yeatman

(Address) 3725 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/ /34

19. UNDERTAKER Harry Klutze

(Address) 2401 Edmondson Ave

20. FILED 2-1934 Huntington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Sept. 20th, 1934 Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart disease — Coronary Thrombosis — 1 — Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel Heintzberg M. D.

(Address) 3755 Park Heights Ave.

S. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 64976

64976

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Payson St. St. 20-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Virginia Weber

(a) Residence: No. 114 N. Payson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Weber

6. DATE OF BIRTH (month, day, year) Dec. 29, 1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Calden Forrest

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary Shields

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr. Leslie A. Weber (Son)
(Address) 114 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 9/24/34 19

19. UNDERTAKER Harry G. Lutz
(Address) 3501 Edmondson Ave

20. FILED S.T. 22.334 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 19 34

22. I HEREBY CERTIFY That I attended deceased from Sept 3rd 19 34 to Sept 20- 19 34

I last saw h. alive on 9-20- 19 34 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	7 /

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. Kelly Hemming M. D.
(Address) 1000 Fallsway

M. D. P. 1268-9

F 04922 — B 84977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 101

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Minna Lee Holmes

(a) Residence: No. 7 W Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William P. Holmes

6. DATE OF BIRTH (month, day, year) Oct 8. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va. , ,

FATHER

13. NAME Charles F. Chandler

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Myra F. Lee

16. BIRTHPLACE (city or town) (State or country) St Louis Mo

17. INFORMANT Marion Lee Sheridan

(Address) Owingstown Md

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Mt Olivet Date Sept 24 1934

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

SEP 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1934, to Sept 21, 1934

I last saw her alive on Sept 21, 1934 Death is said to have occurred on the date stated above, at 3.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	?
Hypertension.	
Chronic nephritis	

Other contributory causes of importance:

Diabetes Mellitus
Carcinomatosis

Date of onset: over

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Landon Timberlake M. D.

(Address) Un. Mem. Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04978

CERTIFICATE OF DEATH

46 F 04978

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 S. Linwood Ave St.) 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Beachan

(a) Residence: No. 129 S. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine A. Beachan

6. DATE OF BIRTH (month, day, year) Nov. 3 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Beachan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Charlotte Berger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Katherine A. Beachan
(Address) 129 S. Linwood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Sept. 24 1934

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager [illegible] Baltimore, Md.

SEP 22 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from August 9th 1934 to Sept 21st 1934

I last saw him alive on Sept 20th 1934 Death is said to have occurred on the date stated above, at 5 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Intestines	About Nov. 1st 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Wollman M. D.

(Address) 1011 E. Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04979

91-001

F 04979

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-al Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Satchell

(a) Residence: No. 136 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Satchell

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (70)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va ?

MOTHER

15. MAIDEN NAME Sallie ?????

16. BIRTHPLACE (city or town) (State or country) Va ?

17. INFORMANT Julius Satchell

(Address) 136 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 22 19 34

19. UNDERTAKER Robert A Williams

(Address) 1600 Eutaw St

20. FILED SEP 22 1934 19 ... Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 18/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Endocarditis	about 4 mons
(Bacterial-type as yet undetermined)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Wade M. D.
Coroner

(Address) 508 E Fayette

N. B.—WRITE PLAINLY, WITH INK AND IN A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04980

CERTIFICATE OF DEATH

F 04980

93-004 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17 01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Jenkins Washington (Mary Jenkins)

(a) Residence: No. 807 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or ... min.
55?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dennis Jenkins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Belinda Wise

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) Back City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Sept 23 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar.

SEP 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1934 to Sept 19 1934
I last saw h[illegible] alive on Sept. 19 1934 Death is said to have occurred on the date stated above, at 10 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Myocardial Insufficiency	?
Congestive failure	1 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I D Riggin M. D.
(Address) Back City Hosp

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 B 7897 B 04981 — B 04981

CERTIFICATE OF DEATH

Registered No. +120

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecil Beshore

(a) Residence: No. Manchester Pa. St., Ward. Belair Md.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn

6. DATE OF BIRTH (month, day, year) 4-26-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jacob Beshore

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Neele Gross

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL
Place Manchester Pa. Date Sept 25, 1934

19. UNDERTAKER Charles P Powell
(Address) 3614 Edmondson Ave, Balto, Md.

FILED SEP 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to Sept 21, 1934.

I last saw him alive on Sept 21, 1934. Death is said to have occurred on the date stated above, at 8.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	Dec '33
Multiple polyposis	
Intestinal Hemorrhage.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice Leal Leighton, M. D.

(Address) Johns Hopkins Hospital

F 04982

F 04982

289896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn Zill

(a) Residence: No. 704 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-1-34

7. AGE — Years: — Months: 3 Days: 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Zill

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Clara Carneal

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 9/24, 1934

19. UNDERTAKER Bernard E Hartle

(Address) 1000 E Pratt St Huntingtown Williamsport, Md

20. FILED SEP 22 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934 to Sept 21, 1934

I last saw her alive on Sept 21, 1934 Death is said to have occurred on the date stated above, at 7.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	9-7-34

Other contributory causes of importance:

Diphtheritic conjunctivitis (Cause)	9-5-34

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis D Schumacher, M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 04983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04983

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Registered No. 1720

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Bena

(a) Residence: No. 1111 N Bradford St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eugene

6. DATE OF BIRTH (month, day, year) 1-11-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ignaz Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemty Date Sept 24, 1934

19. UNDERTAKER John A. Moran
(Address) 3008 E Balto St

20. FILED SEP 22 1934 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934 to Sept 21, 1934
I last saw h[illegible] alive on Sept 21, 1934. Death is said to have occurred on the date stated above, at 4 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	June 1934

Other contributory causes of importance:

Name of operation Colostomy Date of 9-9-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M B Woodhall M. D.

(Address) John Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 04984

04984 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3131 W. North St. 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hellen Norris

(a) Residence: No. 3131 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard E. Norris

6. DATE OF BIRTH (month, day, year) May 25th, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, md.

FATHER

13. NAME Edward P. Kirby

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

MOTHER

15. MAIDEN NAME Sallie Sanders

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Michael Cannatella
(Address) 3131 W. Notth, Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 9/24th, 1934

19. UNDERTAKER Frederick A. Cole
(Address) 1500 W. Fayette St.

20. FILED SEP 22 1934 Huntington Hillcrest, H.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934 to Sept 21, 1934

I last saw h alive on Sept 19, 1934 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
Other contributory causes of importance: Chronic arthritis,	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest W. Kahn M. D.

(Address) 300 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04985

CERTIFICATE OF DEATH

157-002 F 04985

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Salamh.

(a) Residence: No. 1028 Boyd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) August 9, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mohamd Salamh.

14. BIRTHPLACE (city or town) (State or country) Palestine, Arabia.

MOTHER

15. MAIDEN NAME Goldie Cramer.

16. BIRTHPLACE (city or town) (State or country) Williamsport, Pa.

17. INFORMANT Goldie Salamh. (mother)
(Address) 1028 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date 9/22/34

19. UNDERTAKER John F Conway & Son
Address 1400 Baltimore St

20. FILED 9/21/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency. congenital.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed Albert Reinhardt, M. D. Coroner

(Address) 1017 N. Charles St.

9/21/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04986

CERTIFICATE OF DEATH

34 F 04986

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Russell

(a) Residence: No. Anchorage Hotel 1644 Thames St Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9/22 34

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

SEP 22 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Aortitis	
with Aneurysm	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) S P Herzog M D M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04987 F 04987

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 19-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ---- mos. ---- da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Constant.

(a) Residence: No. Aged Woman's Home 1400 W. Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	----	----------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mrs. Gladys Allen.
(Address) 1400 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 22. 1934

19. UNDERTAKER J. Vernon Kehrer
(Address) 1532 Hollins St

SEP 22 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ---- 19 ---- to ---- 19 ----

I last saw h alive on ---- 19 ---- Death is said to have occurred on the date stated above, at 11.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the left femur,	
Occidental fall to the floor.	
Cerebral Hemorrhage, Hemiplegia.	
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation ---- Date of ----

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/21/34 19

Where did injury occur? 1400 W. Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Aged Woman's Home.

Manner of injury Fall to the floor.

Nature of injury Fracture of left femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Otto M. Steinhardt M. D.

(Address) 1017 St. Charles St. Coroner

I. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 4988

F 38°

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 04988

92-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 949 W. Fayette St. 16-01 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Blanche Magness

(a) Residence: No. 949 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James E. Magness

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Harriett Ingram

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Charles Magness
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Sept 22 1934

19. UNDERTAKER J. Vernon Kechner
(Address) 1512 Hollins St

SEP 22 1934 At Fin Stor Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1934 to Sept 21 1934

I last saw her alive on Sept 21 1934 Death is said to have occurred on the date stated above, at 1.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	7 mos. ago
Other contributory causes of importance:	
Broncho-Pneumonia	3 days ago.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Kates M. D.

(Address) 523 Scott St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04989

CERTIFICATE OF DEATH

48 F 04989

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Hull St St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Neumann

(a) Residence: No. 1445 Hull St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stephen Neumann

6. DATE OF BIRTH (month, day, year) Sept 22, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Brenneweck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Appolonia Schmick

(Address) 1442 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross on Sept 27, 1934

19. UNDERTAKER Richard F. Oakley & Charles Stallcup

(Address) 2000 Eastern Ave

SEP 22 1934

Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to Sept. 20, 1934

I last saw h.. alive on Sept 19 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	6-20-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Fu Stevens M. D.

(Address) 2818 Hereford Ave 34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V S 3

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04990 04990

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital 107-001

CITY OF BALTIMORE: (No. Fillmore + Caton 16 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Bruce

(a) Residence: No. 58 S. Carrollton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry Bruce

14. BIRTHPLACE (city or town) (State or country) Seattle Wash

MOTHER

15. MAIDEN NAME Mary Bruce

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mary Bruce
(Address) 58 S. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 9/22/34

19. UNDERTAKER Frederick A. Cole
(Address) 1500 W. Lombard St

SEP 22 1934

(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1934, to 9-20, 1934

I last saw him alive on Sept. 20, 1934. Death is said to have occurred on the date stated above, at 11:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage, Marasmus + Coma	9-15-34
Bronchopneumonia	9-15-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl G. Rebol, M. D.

(Address) St. Agnes Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

04991

HEALTH DEPARTMENT—CITY OF BALTIMORE

04991

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 W. Lexington St. 19-01 Ward)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie C. Gleason

(a) Residence: No. 1405 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 15th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Michael Gleason

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Frawley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Gleason
(Address) 1405 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 9/24/ 1934

19. UNDERTAKER John J Condi & Son
(Address) 1901 Fulton St.

SEP 22 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/ 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29 1934 to Sept 20 1934

I last saw her alive on Sept 19 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1929
Cerebral Hemorrhage	9/20/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill M. D.

(Address) 108 N. Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V 8 3

AACo. 5-31 250B

F 04992 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 04992

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 W Fairmount St., 25th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sally Burkins

(a) Residence: No. 2131 W. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Wid

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert R Burkins

6. DATE OF BIRTH (month, day, year) April 16-64

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa.

FATHER

13. NAME W. Roe

14. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

MOTHER

15. MAIDEN NAME Rebecca Shanks

16. BIRTHPLACE (city or town) (State or country) Waynesboro Pa

17. INFORMANT Ellis E Roe
(Address) Son

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisburg Pa Date 9-24 1934

19. UNDERTAKER Robert Brooks & Son
(Address) [illegible]

Filed ... 19 ... Registrar.

SEP 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/19/34 . 19 , to 9/21/34 . 19

I last saw her alive on 9/21/34 . 19 death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Acrata Reguritation	
Cardiac Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Betty McCleary M. D.

(Address) 600 N. Payson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 04993

04993 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 47

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp St., 4-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hampton Henderson

(a) Residence: No. Ellicott City, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Henderson

6. DATE OF BIRTH (month, day, year) Feb. 18, 74

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Wm. Henderson

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Julia Lacey

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mrs. Mary Henderson
(Address) Ellicott City Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Ellicott City Md. Date 9-26, 1934

19. UNDERTAKER Huntington Williams Mortuary Inc.
(Address) Ellicott City Md.

FILED SEP 23 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Sept 22, 1934

I last saw him alive on Sept. 22, 1934. Death is said to have occurred on the date stated above, at 2:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lt. Lung	Jan '34
Lung Abcess (Lt.)	Aug '34

Other contributory causes of Importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Castles M. D.

(Address) Univ. Hosp. Balto. Md.

M. B. B. 1268-9

F 04994

04994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellen Dorsey

(a) Residence: No. Main St. Elliott City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Russell F. Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Bentley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Russell Dorsey

(Address) Elliott City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Gilboa Cem Elliott City Date Sept. 25 1934

19. UNDERTAKER Easton Sons

(Address) Elliott City

20. FILED SEP 23 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th 1934 to Sept 23rd 1934

I last saw her alive on Sept 22 1934 Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6/2/34
Tuberculosis Meningitis	9/16/34
Miliary Tuberculosis	9/16/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell E Dorsey M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04995 E 04995

CERTIFICATE OF DEATH

X 54-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. (ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Murray

(a) Residence: No. 1246 Crame Ave, Schenectady St., N.Y. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Marie Teresa Murray

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly with do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Unknown (no record)

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hopkins Hosptal Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL NY

Place SCHENECTADY Date 9/24/34 19

19. UNDERTAKER Joseph Ahern

(Address) 224 Ferry Williamsport, Pa

FILED SEP 23 1934 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 21/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of right frontal lobe of brain-probably benign	

Other contributory causes of importance:

Name of operation Exterpation Date of 9/21/

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. L. Kaier, M. D. Coroner

(Address) 508 E Front

M. D. B. 1268-9

F 04996

HEALTH DEPARTMENT—CITY OF BALTIMORE

04996

CERTIFICATE OF DEATH

V45

1. PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

W/M

2. FULL NAME ~~Harold~~ Gerald Hall

(a) Residence: No. 2207 Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov. 16-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gaston T. Hall

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Ellen Garrood

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Emily M. Hall

(Address) 2207 Ellamont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druids Cemetery Date Sept. 24. 1934

19. UNDERTAKER George E. Lehnert

(Address) 2101 Frederick Ave.

SEP 23 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1934

22. I HEREBY CERTIFY, That I attended deceased from 9 13 34 19 to 9 21 34 19

I last saw h[illegible] alive on 9 21 34 19 Death is said to have occurred on the date stated above, at 1 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary pulmonary Sarcoma	9 15 34
Secondary Anemia	
Carcinoma of Tongue	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Feaney, M. D.

(Address) University Hospital

H. D. B 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

04997 ✓ 04997

CERTIFICATE OF DEATH

11-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 27-01 Ward)

Length of residence in city or town where death occurred 31 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett O. Wolf.

(a) Residence: No. 829 Belgin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, WIFE of (or) HUSBAND of Christian H. Wolf.

6. DATE OF BIRTH (month, day, year) July 24, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles S. Anzmann.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marie O. Wendorff.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Christian H. Wolf. (husband)
(Address) 829 Brlgin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept. 25 1934

19. UNDERTAKER George L. Lottman
(Address) 731 Frederick Ave.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal influenza.	
Acute Nephritis.	
Uremia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt Coroner . M. D.

(Address) 1017 N. Charles St. 9/21/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

SEP 22 1934

M. D. B. 1268-9

E 04998

HEALTH DEPARTMENT—CITY OF BALTIMORE

04998

CERTIFICATE OF DEATH

V 149-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edith Laborwit

(a) Residence: No. 232 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced WIFE of (or) HUSBAND of Allen Sa. Barnit

6. DATE OF BIRTH (month, day, year) 1904

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Rubin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Radesky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Laborwit

(Address) 2809 W. Garrison ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 9/23/34

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

Huntington Williams, Md.

Registrar

SEP 23 1934

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934 to Sept 21, 1934

I last saw h[illegible] alive on Sept 21, 1934 Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	9-20-34
Adynamic Ileus.	9-18-34

Other contributory causes of importance:

Name of operation Cesarean Section Date of 9-17-34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert J. Hynellarb, M. D.

(Address) Sinai Hospital

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

F 04999

HEALTH DEPARTMENT CITY OF BALTIMORE

1934
1903
31

CERTIFICATE OF DEATH

Oct 16- 1860

F 04999

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N Lakewood Ave St., Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Elizabeth Gardner

(a) Residence: No. 516 N. Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Gardner

6. DATE OF BIRTH (month, day, year) Oct 16- 1860

7. AGE: Years 73 | Months 11 | Days 4 | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Gatt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Gatt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Baltzar Rudel

(Address) 185 E 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Sept 22 1934

19. UNDERTAKER Robt Corbin Walter

(Address) 1317 E Lafayette St

Filed SEP 22 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1934 to 9-20 1934

I last saw h alive on 9- 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset 9-19

Diabetes

Thrombosis

Endocarditis

(Duration)

Other contributory causes of importance (Duration)

acute cardiac decompensation 1 dy

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05000

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Snyder

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Sydney

6. DATE OF BIRTH (month, day, year) November 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 66	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Snyder
(Address) 2123 Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew North Point Rd Date Sept 23 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balt st

SEP 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934 to Sept 22, 1934

I last saw her alive on Sept 22, 1934 Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Pulmonary haemorrhage	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:
Chr. Bronchitis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Edmund Levin, M. D.

(Address) Levindale

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05004

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E Fayette St. 19-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Richman

(a) Residence: No. 1806 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Koblen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reva —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Richman

(Address) 1806 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Southern Ave Date Sept 23 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

P 23 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1934 to Sept. 21, 1934

I last saw her alive on Sept. 21, 1934. Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9-4-34

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury — , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Linden, M. D.

(Address) 716 S. Broadway

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05002

F 05002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 Gorman Ave St., 24-C Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Sommers

(a) Residence: No. 49 Gorman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. ~~Married~~, widowed, ~~divorced~~ (husband of (or) WIFE of): Benjamin Sommers

6. DATE OF BIRTH (month, day, year): Nov 13-1857

7. AGE: Years 76 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Keefer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Minnie Hefelbower 49 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Westview Date 9/24, 1934

19. UNDERTAKER (Address): Wilhelm Bros 1219 St Paul St

20. [illegible] Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22/34

22. I HEREBY CERTIFY, That I attended deceased from 9/3, 1934 to 9/22, 1934 that she was alive on 9/21, 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/1/34

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cohn M. D.

(Address) 2145 N Gilmor St

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 23 1934

M. D. B. 1268-9

F 05003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals 26-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph E Wiley

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Gertrude Wiley

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	45		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME James Wiley

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Laura Krear

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Katherine Pietras

(Address) 2238 E. Mura St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 7/24 1934

19. UNDERTAKER Williams Cook

(Address) 2 W. Lexington St Baltimore, Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

3:PM

21. DATE OF DEATH (month, day, year) Sept 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Gerygmond M. D.

Coroner.

(Address) 1305 N Patterson Park Ave

EP 23193

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05004

05004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tp.)

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irwin Myerly

(a) Residence: No. 312 W. Fayette st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen N. Myerly

6. DATE OF BIRTH (month, day, year) Feb. 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Myerly

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie Hull

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 24th 1934

19. UNDERTAKER William Cook

(Address) 317 St Paul St

Huntington Baltimore, Md

SEP 23 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1934 to Sept. 20 1934

I last saw him alive on Sept. 20 1934 Death is said to have occurred on the date stated above, at 9.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Meyer M. Jacobson M. D.

(Address) Baltimore City Hospitals

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05005

F 05005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Scanlon

(a) Residence: No. 320 E 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas M

6. DATE OF BIRTH (month, day, year) Aug. 19, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore ?

MOTHER FATHER

13. NAME Thomas Naughton

14. BIRTHPLACE (city or town) (State or country) Ire.

15. MAIDEN NAME Mary Mahon

16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT Reynds (Address) Bacs. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 9/25 1934

19. UNDERTAKER William Cook (Address) 1217 St Paul St

EP 23 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1934 to Sept 22 1934

I last saw h.. alive on Sept 22 1934 Death is said to have occurred on the date stated above, at 5-40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11 day
Myocardial Insufficiency	?
& congestion of lungs	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) Bacs. City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

205006

205006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Milton & Caton St. 28-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr James E Ware (James E. Ware)

(a) Residence: No. 2803 Silver Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Ware

6. DATE OF BIRTH (month, day, year) November 8, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) August 1923

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Wetheredville Md

FATHER

13. NAME George E. Ware

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Parrish

16. BIRTHPLACE (city or town) (State or country) Wetheredville Maryland

17. INFORMANT Mrs Sarah A. Ware

(Address) 2803 Silver Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Sept. 24 1934

19. UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

Hamilton Williams, Jr. Registrar.

BPR

EP 231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1934 to 9-21 1934

I last saw him alive on 9-21 1934 Death is said to have occurred on the date stated above, at 5 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Face	1909
Bronchopneumonia	9/

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl C Bickel M. D.

(Address) St Agnes Hosp

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. ONLY ONE LETTER OR FIGURE TO A SPACE. Every item and every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 05007

HEALTH DEPARTMENT—CITY OF BALTIMORE

05007

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. X46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. James E Menchey

(a) Residence: No. Westminster, Md St. Route 4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Vertie Menchey

6. DATE OF BIRTH (month, day, year) July 25, 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Isaac Menchey

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Clara Rice

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Cemetery Date Sept 26, 1934

19. UNDERTAKER H Bankard & Son

(Address) Washington Blvd

Huntington Williams, M.D. Registrar.

21. FILED SEP 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934 to Sept 22, 1934

I last saw him alive on Sept 22, 1934 Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	6 mos
Acute cardiac dilatation	

Other contributory causes of importance:

Name of operation Colostomy Date of 9-20-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H C Proctor, M. D.

(Address) Md State Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05008

05008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4018 Roland Avenue St. 13-01 Ward)

life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME S. Elizabeth Benson

(a) Residence: No. 4018 Roland Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry L. Benson

6. DATE OF BIRTH (month, day, year) May 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Y. McCauley

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Madaline McIntosh

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Miss Lillian McCauley

(Address) 4018 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept. 24, 1934

19. UNDERTAKER A. S. Marshall

(Address) 3500 Falls Road, Baltimore, Md.

20. FILED SEP 23 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Sept 21, 1934

I last saw h.. alive on Sept 20, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Sept 21

Other contributory causes of importance:

Arteriosclerosis
Acute Nephritis
Mitral Regurgitation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.

(Address) 850 W. 36 St. Balto.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05009

F 05009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Madison Ave St., 11-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary A Lee

(a) Residence: No. 1309 Madison Ave St., ___ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race Colored
5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Lee

6. DATE OF BIRTH (month, day, year) 12/22/1867

7. AGE Years 66 Months 8 Days 27 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 631
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Pinder
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie Cage
(Address) 520 N Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/23/1934

19. UNDERTAKER Isaac L Brown Son
(Address) 1012 Montgomery St

Huntington Williams, M.D. Registrar.

SEP 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934 to Sept 19, 1934

I last saw her alive on Sept 14 1934 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows: Pneumonia Lobar — Date of onset 9/14/34

Other contributory causes of importance: Asthma — 11

Name of operation None Date of —

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19__
Where did injury occur? ___ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ___
Manner of injury ___
Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ___

(Signed) Charles H. Fowler M. D.
(Address) 712 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co—250 Eks.

205010

205010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Guilford v Preston 2-93-000

REGISTERED NO. 27-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Preston Apts ST. WARD)

2 FULL NAME Susan L. Sloan

(a) RESIDENCE NO. 4404 Keswick Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank B. Sloan

6 DATE OF BIRTH (month, day, and year) 9-21-1848

7 AGE: Years 86; Months; Days 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Augustus Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Maryland

12 MAIDEN NAME OF MOTHER: Susan A. Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. Virginia L. Preston 4404 Keswick Rd

15 Filed: Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 1934 to Sept 22 1934

that I last saw he alive on Sept 22 1934

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency. Coronary Arteriosclerosis. Acute Pulmonary Edema (duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Essential Hypertension (duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. Gibson Perlee M. D.

9/22 1934 (Address) 4622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Sept 24 1934

20 UNDERTAKER: Henry H. Jenkins Son Co

ADDRESS: [illegible]

EP 231934

MARGIN RESERVED FOR BINDING

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Schikevitz

F 05011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05011

CERTIFICATE OF DEATH

+V 124-002

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Pulaski St. 16-04 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Schikevitz

(a) Residence: No. Portsmouth, Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Philip Schikevitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca Dworty

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Philip Schikevitz
(Address) Portsmouth Va

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern ave Date Sept 23 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

SEP 23 1934 Williamsburg, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22 1934

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1934, to September 22, 1934

I last saw her alive on September 22, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonal Tuberculosis	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jean Ashman, M. D.

(Address) West Baltimore Gen'l Hosp.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

F 05012 A1

05012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5502 Fair Oaks Ave ST. 27-01 WARD)

2-FULL NAME Mary Martha Norton.

(a) RESIDENCE No. 5502 Fair Oaks Ave, ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white.

5 Single, Married, Widowed, or Divorced. (write the word): married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Joseph Norton.

6 DATE OF BIRTH (month, day, and year): Dec. 3, 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None.

(c) Name of employer: none.

9 BIRTHPLACE (City or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Thomas F. Cooney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Jane McEnaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Richard J. Norton
(Address): 5502 Fair Oakes ave

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 20 1934.

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1932 to Sept. 20, 1934.

that I last saw her alive on Sept. 20, 1934.

and that death occurred, on the date stated above, at 12.20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Dilation Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis unknown. (duration) Menopause. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of none.

Was there an autopsy? none.

What test confirmed diagnosis? none.

(Signed) James Graham Norton M. D.

(Address) 516 Cathedral Street

9/24 19 34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 9/24 1934

20 UNDERTAKER: Leonard J. Rush

ADDRESS: 530 S Stanford Rd

SEP 23 1934

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05013

CERTIFICATE OF DEATH

05013

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woodbrook & Fulton ave. 12th Ward) 12-01

Length of residence in city or town where death occurred ... yrs. 10 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Francis W George

(a) Residence: No. Woodbrook & Fulton ave. Ward. Maryland n d

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Verona George

6. DATE OF BIRTH (month, day, year) April 2. 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Henry George

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Wilhelmina Jakobson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jos Pierson Balto

(Address) 4411 Mansfield ave

18. BURIAL, CREMATION, OR REMOVAL Pinelawn N Y

Date 9/20- 1934

Forest Lawn Cem

19. UNDERTAKER Edward Foulson

(Address) 2359 Wash Blvd Balto

19... Registered

SEP 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Jameson, M. D.

Coroner

(Address) 12 E Lexington St

N. B.—WRITE PLAINLY, WITH UNFADING INK. This is a PERMANENT RECORD. Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIAN should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05014

MF 05014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp (St.) 2-4-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hollander

(a) Residence No. 1105 (Usual place of abode) Williams St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 10 1871

7. AGE: Years 63 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Irish porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Miller Bros

10. Date deceased last worked at this occupation (month and year): Sept 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Lizzie Hollander (Address) 1105 Williams St

18. BURIAL, CREMATION, OR REMOVAL: Place St Joseph Mo. Date 9/23 1934

19. UNDERTAKER: McCook (Address) 1114 St Paul St Baltimore, Md.

Registrar.

SEP 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1934 to Sept 22 1934

I last saw ... alive on Sept 19 1934. Death is said to have occurred on the date stated above at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/19/1934

Where did injury occur? Washington Blvd nr Savage (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

Signed Joseph Pokorny 2200 E Fredrick M. D.

Otto M Reinhardt Coroner

(Address) Long & Chase Sts

9/22/34

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05015

F 05015

CERTIFICATE OF DEATH

✓ 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E. Gilmor St., 19-61 Ward)

Length of residence in city or town where death occurred 40 yrs. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Scheidle

(a) Residence: No. 402 E. Gilmor St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude M. Scheidle

6. DATE OF BIRTH (month, day, year) May 21 - 1891

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
43	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Henry Scheidle

14. BIRTHPLACE (city or town) (State or country) Catonsville Md

15. MAIDEN NAME Elizabeth Hoffmyer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Gertrude M. Scheidle
(Address) 402 E. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date September 2nd 1934

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave.

19 Registrar

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept 22, 1934

I last saw him alive on Sept 1934 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1919

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred. Horton, M. D.

(Address) 888 N. Fremont Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05016

F 05016

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave 2601 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Bernard Orendorf

(a) Residence: No. St Josephs Coll Emmitsburg. Ward:

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sr. Anna Conley

(Address) St. Agnes Hospital

18. BURIAL, CREMATION, OR REMOVAL Emmitsburg Md. Date Sept 25. 1934

19. UNDERTAKER Martin Fahey Rem.

(Address) 1517 W. Baltimore St

[illegible] Washington Blvd

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/20 1934 to 9/25 1934

I last saw her alive on 9/23 1934 Death is said to have occurred on the date stated above, at 4.45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholangitis	1yr
Post-operative fecal Fistula.	9/16
Peritonitis	9/19

Other contributory causes of importance:

Malnutrition.

Name of operation Exploratory Date of 9/11

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Reichel M. D.

(Address) St Agnes Hosp

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05017

CERTIFICATE OF DEATH

F 05017

Registered No. 93203

1. PLACE OF DEATH
CITY OF BALTIMORE (a) 2243 Brunt St 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Garnett
(a) Residence: No. 2243 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years 75 Months — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterfield Va

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary M Moore
(Address) 2246 Brunt

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Sept 24th 1934

19. UNDERTAKER Archibald A. Goddis
(Address) 2101 McCulloh St.

20. FILED Huntington Williams M.D. Registrar.
SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 mos

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. C. Luck M. D.
Coroner
(Address) Coroner

V S 6

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

05018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05018

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp 11-21 Ward)

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wendell Kelly

(a) Residence: No. Sykesville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9 25 30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Catlett Carroll Co
(State or country) Maryland

FATHER

13. NAME Leonard R Kelly

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Eva Vaughn

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Carrie Cox
Place Oakland Mt Date Sept 25 19 34

19. UNDERTAKER Wm. H. Fox
(Address) Sykesville Md.

Huntington Williams, M.D.
Registrar.

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/19 1934 to 9/23 1934

I last saw him alive on 9/23 1934. Death is said to have occurred on the date stated above, at 8.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Lues (3rd degree lues)	9/19/34
Other contributory causes of importance: acute nephritis	9/19/34
Bronchio-pneumonia	9/23/34

Name of operation ..... Date of ..... Wd

What test confirmed diagnosis? ..... Was there an autopsy? ..... Wd

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... Sykesville Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) Phelps A. Dudley, M. D.

(Address) Md. General Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05019

140

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Anna Tegeler Pitz

(a) Residence: No. 601 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	female W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Geo. L. Pitz

6. DATE OF BIRTH (month, day, year) Aug 13/1905

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	28	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert A. Tegeler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rosa Trego

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. George Pitz
(Address) 3212 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Sept 26, 1934

19. UNDERTAKER Philip Herrmann Sons
(Address) 2616 Eastern Ave.

20. SEP 24 1934 Registrar

Elizabeth Hillman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococceal Septicemia 8/31/34	
Post abortion Infection	7/29/34

Other contributory causes of importance:
Terminal Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Probably in home- Self induced app

Manner of injury abortion- Slippery elm tent used.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Guyer, M. D. Coroner

(Address) 5086 Wrotan

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05020 05020

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. Madison & Linden St., 11-21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Hertz,

(a) Residence: No. Greenwood Rd. St. Lutherum Heights. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sarah A. Hertz

6. DATE OF BIRTH (month, day, year) May 31, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accumulator.

10. Date deceased last worked at this occupation (month and year) Dec 2 to 1933

11. Total time (years) spent in this occupation 1 yr 4 mo

12. BIRTHPLACE (city or town) (State or country) Allentown Pa.

FATHER

13. NAME Edmund Hertz

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Victoria Groves

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Sarah A. Hertz
(Address) Lutherum Heights, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Dundalk Md. Date Sept. 27 1934

19. UNDERTAKER Thomas W. Dugdale
(Address) Lutherum Heights, Md.

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-20 1934 to 9/23 1934

I last saw him alive on 9/23 1934 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

hypostatic pneumonia
Thrombosis of pulmonary artery

Name of operation Resection of Rectum Date of 8/24/34
Was there an autopsy? No

What test confirmed diagnosis? Surgery

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how

(Signed) H. C. Proctor, M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 05021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05021

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anniebelle Sutton Allen

(a) Residence: No. 1509 E. Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Allen

6. DATE OF BIRTH (month, day, year) Apr 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Macon, N.C.

FATHER

13. NAME Thomas Nicholas

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sarah Auston

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Laurence Nicholson (Bro)
(Address) 2109 McCullough St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cem. Date 9-23rd 19 34

19. UNDERTAKER Bryson & Mamie W. Wright
(Address) 228 E. Eldersley St

[illegible] 19 [illegible]
Registrar.

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 20/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoidal Hemorrhage anterior end of Basilar artery (Brain- probably congenital)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 506 E Fort Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05022

CERTIFICATE OF DEATH

05022

Registered No. 167

1. PLACE OF DEATH
CITY OF BALTIMORE (Lake Ashburton No. 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Marshall
(a) Residence: No. Calvert Court Apt. Calvert & 31st Sts.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1880

7. AGE — Years 54 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME John W Marshall
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Agnes Dolan
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John W Marshall Jr
(Address) Calvert Court Apt

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 9/24 1934

19. UNDERTAKER Henry W. Mears & Son
(Address) 801 N. Calvert St.

20. FILED SEP 24 1934 Clayton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Pistol wound of brain.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) state whether accident, suicide or homicide. Suicide Date of injury Sept 22 1934
Where did injury occur? Lake Ashburton (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Pistol wound
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek Coroner, M. D.
(Address) Bromley

vs6

PERSONAL AND STATISTICAL PARTICULARS, WITH AN AUDITING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

05023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05023

CERTIFICATE OF DEATH

x ✓ 94-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3618 Elkader Road ST., 9-01 WARD)

2—FULL NAME Harry C. Hayes

(a) RESIDENCE NO. 155 Cedar Hill Ave., ST., New Jersey WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. -- mos. 3 ds. How long in U. S., if foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie McGetrick

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cable Inspector

(b) General nature of industry, business, or establishment in which employed (or employer): Western Union

(c) Name of employer: Telegraph Co.

9 BIRTHPLACE (city or town) (State or country): Trenton, N. J.

PARENTS

10 NAME OF FATHER: Edward T. Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Trenton New Jersey

12 MAIDEN NAME OF MOTHER: Frances Cramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ------ New Jersey

14 Informant: Mrs. Carrie M. Hayes

(Address): 155 Cedar Hill Ave., N.J.

Filed SEP 24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23, 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934, to Sept 23, 1934

that I last saw h/M alive on Sept 23, 1934

and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Coronary Sclerosis

(duration) yrs. mos. 1- ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. V. D. Mack, M. D.

, 19 (Address) 513 East 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Belleville, New Jersey

DATE OF BURIAL: 9/24 1934

20 UNDERTAKER: Henry W. Myers & Son

ADDRESS: 600 N. Calvert St.

via Pennsylvania Railroad Escort - Chas. W. Harrison to Phila., Pa.

M. D. P. 1268-9

F 05024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05024

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ____ St., 6-01 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Dannemann

(a) Residence: No. 2007 N Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Child

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 29, 1934

7. AGE: Years | Months: 7 | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Peter Dannemann

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Stewart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Sept 25th. 1934

19. UNDERTAKER George A. Weber

(Address) 705 E. Baltimore St.

SEP 24 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934 to Sept 23, 1934

I last saw her alive on Sept 23, 1934. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	9-15-34
Other contributory causes of importance: Pneumonia, Broncho	9-20-34

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Schwentker M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 05025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05025

CERTIFICATE OF DEATH

✓ 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 New St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harrison Ramson

(a) Residence: No. 420 New St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 2-1919

7. AGE: Years 15 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Harrison Ramson

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Florence Moncrief

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Florence Jefferson

(Address) 420 New St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Cem. Date 9/24 1934

19. UNDERTAKER: Bernard F. Hemsley

(Address) 818 Druid Hill Ave

20. FILED SEP 24 1934, 19 J. H. Registrar.

Huntington Williamsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1934 to Sept 23 1934

I last saw him alive on Sept 22 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2 Days

Other contributory causes of importance:

Name of operation: Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

390201 F 05026 — F 05026 — 13-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No.

CITY OF BALTIMORE: (No.) St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Rossi

(a) Residence: No. 315 S. Caroline St. St., Ward. H. S + W -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 9 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Carmen Rossi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Goldstein

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records -
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartzs Date Sept. 24, 19 34

19. UNDERTAKER Kirkell & Buffet
(Address) 22 S. Eden St.

SEP 24 1934 19 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1934 to Sept 22nd 1934
I last saw him alive on Sept. 22, 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, Bacillary	9-14-34

Other contributory causes of importance:
Malnutrition

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Schwartzman, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05027 F 05027

CERTIFICATE OF DEATH

✓ 165

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 2-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Kowalski

(a) Residence: No. 1614 Portugal St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 12/27/1927

6. DATE OF BIRTH (month, day, year) Oct 15/1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stanalaus Kowalski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Macharia

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanalaus Kowalski

(Address) 1614 Portugal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept. 24 19 34

19. UNDERTAKER Wendell J. Duffet

(Address) 3000 Eden St Huntington Williams, W. Va.

SEP 24 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 22/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on about 4.30 19 A.M. Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/22/34

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Eastern Police Station.

Manner of injury Hung himself to cell

Nature of injury door with his belt

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Walker Coroner M. D.

(Address) 506 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of

M. D. B. 1268-9

05028 HEALTH DEPARTMENT—CITY OF BALTIMORE 05028

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 6701 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Walter Scott Bayless

(a) Residence: No. 1629 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louisa Bayless

6. DATE OF BIRTH (month, day, year) Jan 11, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schedulewright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen, Md.

MOTHER

13. NAME Sarah Bayless

14. BIRTHPLACE (city or town) (State or country) Harford County Md.

FATHER

15. MAIDEN NAME SARAH

16. BIRTHPLACE (city or town) (State or country) Harford County Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Western Cem. Date Sept 24 1934

19. UNDERTAKER Wm J Tukner & Sons

(Address) North & Arma Aves

Registrar. Huntington Williams, M.D.

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1934 to Sept 21 1934

I last saw him alive on Sept. 21, 1934 Death is said to have occurred on the date stated above, at 6.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia prior	Aug 2 34
Bronchopneumonia	? 9-15-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Badcock M. D.

(Address) Md. Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1265-b

F 05029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05029

CERTIFICATE OF DEATH

✓ 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hortense E. Fisher

(a) Residence: No. 1810 Warwick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 18, 1907

7. AGE: Years 27 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. & P. Phone Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Fredk. Geo. Fisher

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Florence C. Dorsey

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Mrs. Florence Fisher

(Address) 1810 W. Warwick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 28, 1934

19. UNDERTAKER: Wm. Fichter Sons

(Address) North & Pulaski

Filed ... 19 ... Huntington Millware, M. D. Registrar.

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 19 34 to Sept 22 19 34

I last saw h alive on Sept 22 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/22, 1934

Where did injury occur? North Ave & Fulton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident.

Manner of injury Auto she was riding in

Nature of Injury collided with a safety beacon

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05030 242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05030

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward) ✓129

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Ellis

(a) Residence: No. 1030 Argyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) 11/26/1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Arthur Hill

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Rebecca Williams

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9/27, 1934

19. UNDERTAKER Frances A Hemsley

(Address) 528 W Fayette St

[redacted]

SEP 24 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934, to Sept 21, 1934.

I last saw her alive on Sept 21, 1934 Death is said to have occurred on the date stated above, at 10 hr m.

The principal cause of death and related causes of importance were as follows:

Peritonitis - generalized - colon bacillus — Date of onset 9-12-34

Other contributory causes of importance:

none

Name of operation Exploratory laparotomy Date of 9-19-34

What test confirmed diagnosis? ~~Operation~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred W Leib, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05031

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1339 N. Stricker (ST.) 15-21 (WARD)

2-FULL NAME Wm. A. Murray

(a) RESIDENCE No. 1339 N. Stricker ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Murray

6 DATE OF BIRTH (month, day, and year) 12-11-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Murray Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Eliza Murray
(Address) 1339 N. Stricker St

15 Filed . 19 Registrar

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-1934

17 I HEREBY CERTIFY, That I attended deceased from Aug. 5 . 1934 . to Sept. 20 . 1934 .

that I last saw h in alive on 9-20- . 1934

and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 6 wks

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C. Page M. D.

. 19 (Address) 1516 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 9/24 1934

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1303 Preastman St

Registrar Washington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

05032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05032

CERTIFICATE OF DEATH

XV 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland Carter

(a) Residence: No. Brooklyn P.O. Md. St., Ward Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20. 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

FATHER

13. NAME Mr Carter

14. BIRTHPLACE (city or town) (State or country) Mr Carter

MOTHER

15. MAIDEN NAME Mr Bryant

16. BIRTHPLACE (city or town) (State or country) Mr Bryant

17. INFORMANT Robert Carter

(Address) Brooklyn maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date sept 24 1934

19. UNDERTAKER Joseph A Lively

(Address) 1619 N. Mount st

SEP 24 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 9-20-34 19

22. I HEREBY CERTIFY, That I attended deceased from 9-15-34 19 to 9-20-34 19

I last saw him alive on 9-20-34 19 Death is said to have occurred on the date stated above, at 11 3/4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Prematurity	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) William Leigh Rowe M. D.

(Address) President Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

F 05033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05033

CERTIFICATE OF DEATH

V 50

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1506 Hollins ST. 14-el WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Atkinson

(a) RESIDENCE NO. 1506 Hollins ST., WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter E. Atkinson

6 DATE OF BIRTH (month, day, and year) June 18, 1896

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pikesville Maryland

PARENTS

10 NAME OF FATHER UnKnown

11 BIRTHPLACE OF FATHER (city or town) (State or country) UnKnown

12 MAIDEN NAME OF MOTHER UnKnown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) UnKnown

14 Informant Walter E. Atkinson

(Address) 1506 Hollins Street

15 Filed SEP 24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 21, 1934.

17 I HEREBY CERTIFY, That I attended deceased from September 17, 1934, to September 21, 1934.

that I last saw her alive on September 21, 1934

and that death occurred, on the date stated above, at 2:25 P. m.

The CAUSE OF DEATH* was as follows:

Medullary Carcinoma, left breast, with axillary metastasis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 13, 1934

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Section

(Signed) Nathan Racusin, M. D.

Sept 21 1934 (Address) 206 S. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 24 1934
20 UNDERTAKER	ADDRESS
F Vernon Keehner	Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

F 05034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05034

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 814 E. 33rd (St.) (Ward) 9-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luella Sinclair Olsen.

(a) RESIDENCE NO. 814 E 33rd St (ST.,) (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Albert F. Olsen

6 DATE OF BIRTH (month, day, and year) Oct 14, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Genealogist 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) E. Carondelet Ill.

PARENTS

10 NAME OF FATHER Austin M. Sinclair

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mary Esther Gotshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

14 Informant Mrs. Russell S. Colgate (Address) 814 E. 33rd St

SEP 24 1934

Huntington Williams M.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1934

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1934, to Sept 22, 1934, that I last saw h she alive on Sept 22, 1934, and that death occurred, on the date stated above, at 6:14 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face (Rodent Ulcer)

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Indianapolis Ind.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course

(Signed) Francis W. Sluck, M. D.

19 (Address) Gilman Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waterloo Ill.

DATE OF BURIAL Sept 24 1934

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul Balto Md.

FILE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-9

F 05035

05035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Charles L. Schulte

(a) Residence: No. 2703 Halcyon Ave. St. Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower Schulte

6. DATE OF BIRTH (month, day, year) April 6 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Francis A. Schulte

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Schulte

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Charles L Schulte

(Address) 2703 Halcyon Ave

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date Sept 25 1934

19. UNDERTAKER Henry Strauss Sons Co

(Address) 1301 E Eager St

L. [illegible]

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1934 to Sept 22 1934

I last saw him alive on Sept 22 1934. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertensive Heart Disease with Apoplexy	5 yrs
Other contributory causes of importance: Chronic Nephritis	
Senile Dementia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05036

HEALTH DEPARTMENT—CITY OF BALTIMORE

05036

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 127 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret E Strombeiger

(a) Residence: No. 1691 Darley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Arthur Strombeiger

6. DATE OF BIRTH (month, day, year) Oct. 22 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

FATHER

13. NAME William F. Mc Guane

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Holmes

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Arthur Charles Strombeiger
(Address) 1691 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Sept 26' 1934

19. UNDERTAKER Henry Hoeck & Louis Lucas
(Address) 1301 E. Edgar St.

EP 24 1934

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Sept 23 1934

I last saw her alive on Sept 23 1934. Death is said to have occurred on the date stated above, at 4 23 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	9/17/34

Other contributory causes of importance:

Pulmonary Edema	11-2/34
Cardiac Weakness	9/21/34

Name of operation Chloroform Date of 9/21/34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H E Proctor, M. D.

(Address) Md Gen Hospital

X. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY Boy Williams

(a) Residence: No. 534 Blanche St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marlboro

6. DATE OF BIRTH (month, day, year) 9-7-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Richards.

14. BIRTHPLACE (city or town) (State or country) Cobresville N. C.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Williams

(Address) 534 Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 24 1934

19. UNDERTAKER ...

(Address) ...

Huntington Williams, M.D.

Registrar

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7-34, 19.. to 9-22-, 1934

I last saw h/[illegible] alive on 9-22, 19.. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGENITAL SYPHILIS	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05038

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Tilson

(a) Residence: No. 1337 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) No Record

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 24 1934

19. UNDERTAKER

(Address)

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22-34. 19

22. I HEREBY CERTIFY, That I attended: deceased from 9-20-34. 19 ... to 9-22-34. 19

I last saw him alive on 9-22-34. 19 ... Death is said to have occurred on the date stated above, at 5:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Atelectasis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William Cecil Rowe, M. D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 24 1934

M. D. B. 1268-9

F 05039

F 05039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME BABY BOY GRANT

(a) Residence: No. 690 PIERCE ST St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia

6. DATE OF BIRTH (month, day, year) 9-21-34

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. and 14 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MD

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME FLOYD GRANT

14. BIRTHPLACE (city or town) (State or country) UNKNOWN FLORIDA.

MOTHER

15. MAIDEN NAME CECELIA WILLIAMS

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT Cecelia Grant
(Address) 690 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 24. 1934

19. UNDERTAKER .....
(Address) .....

.....
(Signature and title) Registrar.

SEP 24 1934

0733

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21. 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-21-34 3:40 AM 1934 to 9-21-7 AM 1934

I last saw h/M alive on 9-21 . 1934. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity. (30 wks)	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05040

HEALTH DEPARTMENT—CITY OF BALTIMORE

5040

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Ward

(a) Residence: No. 146 E Lees St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amand E. Ward

6. DATE OF BIRTH (month, day, year) Jan 3, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Ward

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Roberts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William F. Ward

(Address) 403 Gittings St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 20, 1934

19. UNDERTAKER A. Amand Evans

(Address) 35 E. Fort Ave

Registered by ... Registered

SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) B. Peterson M.D. M. D.

Coroner

(Address) 1245 N Patterson Park

M. D. P. 1268-9

F 05041

HEALTH DEPARTMENT—CITY OF BALTIMORE

05041

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Ellamont St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Walton Mitchell,

(a) Residence: No. 1429 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie M.Mitchell,

6. DATE OF BIRTH (month, day, year) April 7.1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Lemuel J.Mitchell,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachael Stuart,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mattie M.Mitchell,
(Address) 1429 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL SEP 25 1934
Place Druid Ridge Date . 19

19. UNDERTAKER Robert S Sittle
(Address) 2700 Edmondson Ave.

SEP 24 1934 Eighth Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1934, to Sept 23, 1934

I last saw him alive on Sept 22, 1934. Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 9-22-34

Other contributory causes of importance:

Arterio sclerosis
arterial hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry A. McGinty M. D.

(Address) 317 N. Preston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1262-0

Dr Kyser 3321 Frederick Ave Entered 12-5-1930 Monday

E 05042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05042

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Coolidge Ave 26-21 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Ames

(a) Residence: No. 3606 Coolidge Ave St., Ward. Violetsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~last~~ WIFE of Anna Ames

6. DATE OF BIRTH (month, day, year) April 19th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O. R. R. Shops

10. Date deceased last worked at this occupation (month and year) 4/29

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Ames

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Zimmerman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas. Sommers

(Address) 3606 Coolidge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's Violetsville Date Sept 25th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

SEP 24 1934

Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934 to Sept 22 1934

I last saw h alive on Sept 22 1934 Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1 yr
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) J. T. Kyser, M. D.

(Address) 3321 Frederick Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 h. Avon ave St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Smith

(a) Residence: No. 3213 h. Avon ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella M. Smith

6. DATE OF BIRTH (month, day, year) Feb 5th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Schmelt

(Address) 3213 Avon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill. Date 9/20 . 1934

19. UNDERTAKER J. A. Moran

(Address) 3008 E. Balto St.

20. FILED SEP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from August 29 . 1934 . to Sept. 22 . 1934

I last saw h— alive on Sept-22 . 1934. Death is said to have occurred on the date stated above, at 2.55 p m —

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Hypertrophy —	Aug 29
(Prostatic Hypertrophy)	
Other contributory causes of importance:	
General Debility following	
Uremia —	

Name of operation Supra Pubic Drainage Date of Aug 29 34

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank C Bruger M. D.

(Address) 145 W Pleasant

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05044

05044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 E. Preston St. St., 11-21 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Jacob H. Mitnick

(a) Residence: No. 116 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1867 (1853)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. R. Contee Rose (Attorney)
(Address) Munsey Bldg.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Cem Sept. 25 1934

19. UNDERTAKER Herrid Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED SEP 24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to Sept 22, 1934
I last saw h alive on Sept 22, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Diabetes Mellitus	1900
Other contributory causes of importance:	
Coronary Thrombosis	1 dy.

Name of operation None Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Eugene Heaped, M. D.

(Address) 200 W. Lafayette Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

05045

HEALTH DEPARTMENT—CITY OF BALTIMORE

05045

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 E. Lanvale Street St., 4-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 65 Years! yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Thomas

(a) Residence: No. 1200 E. Lanvale Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Karl Thomas

6. DATE OF BIRTH (month, day, year) about 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

FATHER

13. NAME Jacob Bailey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Polly Bailey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Killmon

(Address) 1200 E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept. 25, 1934

19. UNDERTAKER Geo. A. Rath Sr

(Address) 1132 Hollins Ave Balto Md

Huntington Williams

EP 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1934 to Sept. 22, 1934

I last saw her alive on Sept. 22, 1934. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	?
Chronic nephritis	?
Other contributory causes of importance: Coronary Thrombosis	9/21/34

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Thum M. D.

(Address) 1506 E. Preston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

F 05046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05046

CERTIFICATE OF DEATH

V 46

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4418 Furley ave St., No-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Mary Ferguson

(a) Residence: No. 4418 Furley ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris T. Ferguson

6. DATE OF BIRTH (month, day, year) Jan. 6th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	8	16	

OCCUPATION

8. Trade, professinn, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

FATHER

13. NAME Albert Benner

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Helen Cathcart

(Address) 4418 Furley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Pl. Baltimore Cemetery Date Sept. 25 1934

19. UNDERTAKER Frederick Loeffler & Sons

(Address) 7401 Belair Road

Huntington Wilson Registrar

21. FILED ...

P 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Sept 22 1934

I last saw h alive on Sept 2 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Exhaustion & T Oedema — Date of onset ...

Other contributory causes of importance: Carcinoma of Liver

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas Furuck M. D.

(Address) 4706 Harford Road

M. D. B. 1268-9

F 05047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05047

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Jones

(a) Residence: No. 414 S. Carrollton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of the late Edward R. Jones

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barbados West Indies

MOTHER FATHER

13. NAME Chris Musgrove

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Eleanor Shield

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 25 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 19

Registrar.

SEP 25 1934 H. G. L. Wilson, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Sept 21 1934

I last saw her alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 8:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Hemiplegia, Left Sept 6	6 yrs
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Nagel M. D.

(Address) Balt. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05048

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

4. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Cedric Rd 15-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clemens Brikirch

(a) Residence: No. 1907 Cedric Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Ella M. Brikirch

6. DATE OF BIRTH (month, day, year) Jan 24th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz Brikirch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Tolle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella M. Brikirch
(Address) 1907 Cedric Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 25th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

SEP 25 1934 Registrar Filing Number

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1934 to Sept 23 1934.
I last saw him alive on Sept 20 1934. Death is said to have occurred on the date stated above, 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Complex	
Senility Senilegenesis	

Other contributory causes of importance: Degenerative Myocarditis Some Months

Name of operation None Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo V. Feldmann M. D.

(Address) 3100 Wilkens Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

05049

HEALTH DEPARTMENT—CITY OF BALTIMORE

05049

CERTIFICATE OF DEATH

M
X 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital St. 25-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oda N. Wheeler

(a) Residence: No. Greenmount, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8 - 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elisha P. Wheeler.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Ruff.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. P. Wheeler
(Address) Greenmount Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Grace Church Date Sept 27. 1934

UNDERTAKER Edw Gipton
(Address) Hampstead Md

25 1934 DEC

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

wgny, 19 . to , 19

I last saw h alive on wgny, 19 Death is said to have occurred on the date stated above, at 11:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9 23, 1934

Where did injury occur? Route #31, 5 mi N of Westminster
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which she was riding collided with another.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph O'Leary M. D.
Coroner

(Address) 2200 E Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

M B 95050

95050

210-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Levin

(a) Residence: No. 2309 Tiogo Park Way St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Levin

6. DATE OF BIRTH (month, day, year)

7. AGE Years 69 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Levin

(Address) 2309 Tiogo Park Way

18. BURIAL, CREMATION, OR REMOVAL Holston Cong. Pt. Carnel Date 9-26-34

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 19..., to ..., 19...

I last saw him alive on May, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

automobile accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9, 23, 1934

Where did injury occur? Reisterstown Rd & Tiogo Pkway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Storm Coroner, M. D.

(Address) 220 E. Madison St.

vs6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05051

F 05051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 2622 Park Heights Ave.) (St.) (Ward) 15 D 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Mr Philip Dubicki

(a) Residence: No. 2622 Park Hts. Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Anna Dubicki

6. DATE OF BIRTH (month, day, year) March 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	49	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) July 15, 1934

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mr Harry Dubicki

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Dubicki

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Pikesville Southern Ave Date 9-25-34

19. UNDERTAKER Jack Deems Inc (Address) 1737 E. Balto St

SEP 25 1934 19 Registrar. Huntington Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8- 1934 to 9-23 1934

I last saw him alive on 9-23 1934 Death is said to have occurred on the date stated above, at 2:25 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	9-23 34
Septicemia -	
Other contributory causes of importance:	
Carbuncle on Back -	

Name of operation Incision of Carbuncle Date of 9-13-34

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Landon Timberlake M. D.

(Address) Un. Mem. Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 05052

Dr Peverly 1910 W Lanvale

M 05052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Sec 2141

V 93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Westwood Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Hyman Malesor

(a) Residence: No. 2012 Westwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) 5-2-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Malesor

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ruth Samse

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sydne Malesor

(Address) 4517 Elrico Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 9/25/34

19. UNDERTAKER East Lawn Inc

(Address) 1439 E. Baltimore St.

SEP 25 1934

19 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934, to Sept 23, 1934

I last saw him alive on Sept 23, 1934. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	1929
Coronary Thrombosis	9/23/34

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis: Clinical Examination Was case an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Mezansky M. D.

(Address) 1910 W North Ave.

M. D. P. 9250 B

F 05053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St. 10-81 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Dorsey

(a) Residence: No. 934 N Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 9, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas. Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edna Gill

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 9-25-34 19 34

19. UNDERTAKER Thos Thomas H. Wright (Address) 211 McElderry St

20. FILED SEP 25 1934 19 H. Singleton Worthington, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 23 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 . 1934 to Sept 23 1934

I last saw her alive on Sept 22 . 1934 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning and Extenuation	9-10-34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [redacted] M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

M. D. F. 1208-9

F 05054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05054

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Fleet St 1-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wanda Kozlowski

(a) Residence: No. 2429 Fleet St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Kozlowski

6. DATE OF BIRTH (month, day, year): Unk.

7. AGE: Years 47 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Joseph Samluk

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Antonina Cwolina

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Joseph Kozlowski

(Address) 2429 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 26, 19 34

19. UNDERTAKER: Fred W Krajewski

(Address) 1 Huntington Ave

SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23 — , 19 34

22. I HEREBY CERTIFY, That I attended deceased from June 14, 19 34 to Sept. 23, 19 34

I last saw her alive on Sept. 22, 19 34 Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of the heart.	Sept 22 1934.
Other contributory causes of importance: Chronic Cordis - Hypertension	about 1934

Name of operation none. Date of

What test confirmed diagnosis? P.M. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John J Kraczer, M. D.

(Address) 202 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 05055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 145-01

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Mayhorn

(a) Residence: No. 3110 Pelham Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David Mayhorn

6. DATE OF BIRTH (month, day, year) April 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Phillip Hanson

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME McKenna.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT David Mayhorn

(Address) 3110 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 26 1934

19. UNDERTAKER Geo M Arnold & Son

(Address) 811 Pennsylvania Ave

SEP 25 1934

Health Commissioner, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1934, to September 24, 1934.

I last saw her alive on Sept 24, 1934 Death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Post-partum infection.	
2. Syphilis.	
3. Interstitial obstruction (bowel)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) J. W. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B. 1268-9

05056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05056

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 E. 40th St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mary Elizabeth Frost

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 15 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk, (State or country) Virginia

FATHER

13. NAME Dr. James Henry Payne Frost

14. BIRTHPLACE (city or town) Bethel- (State or country) Maine

MOTHER

15. MAIDEN NAME Margaret Reed Johnson

16. BIRTHPLACE (city or town) Norfolk, (State or country) Va.

17. INFORMANT Mrs. Charles F. Frost (cousin)
(Address) 728 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Sept 25/34

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 N. North Avenue

SEP 25 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1933 to Sept 22, 1934

I last saw her alive on Sept 22, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden
Generalized Arteriosclerosis	About 1927

Other contributory causes of importance:

Right Hemiplegia	Mch. 1933
Chronic Infectious Arthritis	1925

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Phil B Mayo, M. D.

(Address) Medical Arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

05057

HEALTH DEPARTMENT—CITY OF BALTIMORE

05057

V 119

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 W. Payson St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joe E. Perero.

(a) Residence: No. 1901 W. Payson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 30-1932

7. AGE Years 1 Months 8 Days 26 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Sam Perero.

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Julia Wright.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Julia Perero

(Address) 1901 Payson

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept. 27, 1934

19. UNDERTAKER Richard F. Cubley

(Address) 704 E. Fayette Ave

20. FILED SEP 25 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis 5 Days

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Glick Coroner, M. D.

(Address) Essex

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05058 05058

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home for Incurables. 13-01 59 Registered No.

CITY OF BALTIMORE: (No. 40th St + Keswick Rd., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Virginia Moore

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Moore

6. DATE OF BIRTH (month, day, year) August 22. 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME William Emerald

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine B. Lambdin.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records.
(Address) 40th St + Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 26. 1934

19. UNDERTAKER Wm J. Tuckey & Sons
(Address) North & Pe

FILED 19 Registrar

SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Sept 22, 1934

I last saw her alive on Sept 22, 1934 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1927

Other contributory causes of importance:

Chronic Pyelitis and Cystitis	1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. W. Mayo M. D.
(Address) Medical Arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05059

CERTIFICATE OF DEATH

93-013

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323-E-22 St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Ellsworth Mushake

(a) Residence: No. 323-E-22 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Ellwood Penn

FATHER

13. NAME Chas Mushake

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna E Hildebrand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Mushake

(Address) 320 E 22nd

18. BURIAL, CREMATION, OR REMOVAL

Place Ellwood Date 9/25/34

19. UNDERTAKER Ritter & Sons

(Address) 1000 E Pratt St

20. FILED SEP 25 1934 Huntington Williamsburg Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933 to Sept 23, 1934

I last saw him alive on Sept 23, 1934. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	9/23/34
Cerebral Hemorrhage	9/23/34

Other contributory causes of importance:

Arteriosclerosis	19/23/33
Myocarditis	10/23/33
Chronic Cerebritis	9/1933

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J Hale M. D.

(Address) 1032 E 22nd St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05060 05060

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2587 Edmondson Ave Ward).

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City of Baltimore where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle Marion Barrack

(a) Residence: No. 2587 Edmondson St. Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. Barrack

6. DATE OF BIRTH (month, day, year) Oct. 8, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Bromley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hannie Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Junia B. Clark

(Address) 2587 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Westminster Date Sept 25 1934

19. UNDERTAKER Victor Davis

(Address) 1101 Pratt St

SEP 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/17 1934 to 9/24/34 19...

I last saw h alive on 9/24/34 19... Death is said to have occurred on the date stated above, at 10.25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cer Apoplexy	9/24
Other contributory causes of importance:	
Coron Occlusion	1/23/34

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Leonard Terry ..., M. D.

(Address) 914 W. Lombard

V S 3

PLEASE FILL OUT CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DATE OF DEATH is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05061 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 05061

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 Aisquith Street St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Caroline Duggan

(a) Residence: No. 2613 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lee Duggan

6. DATE OF BIRTH (month, day, year) Dec 20, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ~~hours~~ or min.
53	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Wurz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hochadel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John Lee Duggan (Husband)
(Address) 2613 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 26, 19

19. UNDERTAKER George J. Roth Inc.
(Address) 1235 Hanover St.

SEP 25 1934

(Signature of Local Registrar) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1934 to Sept. 23 1934

I last saw her alive on Sept. 22 1934 Death is said to have occurred on the date stated above, at 230A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	3/1/34
Cachexia & Metastasis	9/1/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Colbert Cumming M. D.

(Address) 2025 E. Fort Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

MF 05062

F 05062 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 207

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Scoggins

(a) Residence: No. Ellicott City, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ike Scoggins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Betty Thornton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Isaac Scoggins

(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Family Cem. Date Sept 25 1934

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED SEP 25 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by B & O train.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury 9/18, 1934

Where did injury occur? Ellicott City (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place B & O property

Manner of Injury Struck by train

Nature of Injury Fractured Skull & Effusion

24. Was disease or injury in any way related to occupation of deceased? No If affirmative, ...

Signed Wm. Zellers M. D.

Address 739 Eastern Ave.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05063

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 E. Monument St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Fry

(a) Residence: No. 1443 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Md.

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Rosie Fry

6. DATE OF BIRTH (month, day, year) 1866 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) SC

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) S.C

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S.C

17. INFORMANT Mrs Rosie Fry

(Address) 1442 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept. 25 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. [illegible] Registrar.

SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1934 to 9-21 1934.

I last saw him alive on 9-21 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstial nephritis	4 years
Other contributory causes of importance:	
Chronic myocarditis	6 mos

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin McComyo M. D.

(Address) 1134 Cawalti St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

F 05064

F 05064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Line 2321 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dale Talbert B. Ogden

(a) Residence: No. 5511 Haddon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White American	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ogden

6. DATE OF BIRTH (month, day, year) June 11 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. foreman of foundry Steel mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) 0 + 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clearfield. Pennsylvania

FATHER

13. NAME Talbert Dale Ogden

14. BIRTHPLACE (city or town) (State or country) Clearfield Pennsylvania

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT (Address) Mr. Gordon E. Klinger 5511 Haddon Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Sept 26th 1934

19. UNDERTAKER George Smith (Address) 1900 Eutaw Place Huntington Williamsport Pa

20. FILED SEP 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/17 1934 to 9/24 1934

I last saw him alive on 9/24 1934 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	
Obstruction to common duct.	

Other contributory causes of importance:

Bronchial pneumonia

Name of operation Cholecystostomy Date of 9/20/34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles A. Dudley M. D.

(Address) Maryland Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05065

M. D. B. 1268-0

F 05065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 14-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Holden

(a) Residence: No. 1611 Eutaw Place (Usual place of abode) ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/24/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Stanley a. Holden

14. BIRTHPLACE (city or town) (State or country) Waynick Maryland.

MOTHER

15. MAIDEN NAME Rey. Wechsler

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Stanley a Holden

(Address) 1611 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Black Rock Md Date Sept 25 1934

19. UNDERTAKER Jacob Wink's Sons

(Address) Manchester Md

19 ... 1934

SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-11-34 to 9-24 1934

I last saw h[illegible] alive on 9-24 1934 Death is said to have occurred on the date stated above, at 4.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Baby Asphyxia	9-11-34 9-24-34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Albert J. Hemelfarb M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

F 05066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 N. Streeper St., 6-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anna A. Knight

(a) Residence: No. 38 N. Streeper St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert B. Knight

6. DATE OF BIRTH (month, day, year) March 1st 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Gorman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hopkins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael Gorman

(Address) 38 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Sept 27 1934

19. UNDERTAKER Frank V. Papitone

(Address) 2618 E. Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933 to Sept 24, 1934

I last saw her alive on Sept 24, 1934. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Intestines	1½ yrs
Other contributory causes of importance:	
Toxic Exhaustion	1 wk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edmund Goltz, M. D.

(Address) 4349 Woodbine Ave

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 05067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Edgewood St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... da.

2. FULL NAME Concetta Giardina

(a) Residence: No. 703 Edgewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Giardina

6. DATE OF BIRTH (month, day, year) April 27

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Nunzio Greco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Fava

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sarah Culotta

(Address) 703 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9-26 1934

19. UNDERTAKER Frank V. Bifatone

(Address) 2818 E Baltimore St

FILED ... 1934 Huntington Williamson, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23 1934

22. I HEREBY CERTIFY, That I attended deceased from September 9 1934 to September 23 1934

I last saw her alive on September 18 1934. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease —	?
Other contributory causes of importance: Senile dementia psychosis	?
Uremia	9/18/34

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Theodore E. Stacy, M. D.

(Address) 401 E Edmondson Ave

SEP 25 1934

Sec. 3 Must CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05068 05068

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (or) 18-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lola Hopkins

(a) Residence: No. 860 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin (Sep)

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME (FATHER) Wm Hamm

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME (MOTHER) Rose ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 25, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

Filed ... 19... Registrar. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Sept 21, 1934

I last saw h[illegible] alive on Sept 21, 1934 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	days
Arteriosclerosis	?
Hypertension	?
Nephritis, arteriosclerotic	?

Other contributory causes of importance:

Anuria Left - due to old cerebral hemorrhage	1 yr.

Name of operation Date of over

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

05069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05069

194-002 Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Samuels

(a) Residence: No. 202 N. County St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of Julia Samuels

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Longshoreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Julia Samuels
(Address) 202 N. County

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 27, 1934

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED Sept 27 1934 Katie R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1934 to 9-22, 1934

I last saw h alive on 9-22, 1934 Death is said to have occurred on the date stated above, at 1.04 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-22-34

Other contributory causes of importance:

Hypertension Cardio Vascular Renal Disease

Traumatic Gangrene Foot 1900

Name of operation Amputation Rt Leg Date of 7-26-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Harris, M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

MF 05070

05070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 16-01 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Paul Seng

(a) Residence: No. 33 Admiral Blvd. St., Dundalk Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 16 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles H. Seng

14. BIRTHPLACE (city or town) (State or country) Louisville Ky

MOTHER

15. MAIDEN NAME Loretto Elliott

16. BIRTHPLACE (city or town) (State or country) Irondale Ala.

17. INFORMANT Charles H. Seng

(Address) 33 Admiral Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept-26- 1934

19. UNDERTAKER Peter B. Crumlish

(Address) 1500 Eastern Ave

20. FILED SEP 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 . 1934

22. I HEREBY CERTIFY, That I attended deceased from none . 19 . to . 19

I last saw him alive on none . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance: Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-24 . 1934

Where did injury occur? Alley between Admiral Blvd and Dundalk Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident Township No.

Manner of injury Auto Ford over the child

Nature of injury while he was playing in street

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Joseph Pokorny Coroner M. D.

(Address) 3002 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05071

F 05071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1314

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Ct. Hospital St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tom Tracey

(a) Residence: No. 841 Clond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	-	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Albert (?) 0

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Florence Robinson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Balt Ct Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Sept 25, 1934

19. UNDERTAKER
(Address)

20. FILED Sept 25 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1934 to Sept 20, 1934

I last saw him alive on Sept 20, 1934 Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, arteriosclerotic Hypertension	? ?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05072

05072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Boardley

(a) Residence: No. None St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Elizabeth Gephas

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Records Balt. City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Universal Md Date Sept 25, 1937

19. UNDERTAKER (Address)

25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1933 to Sept 22, 1937

I last saw him alive on Sept 22, 1937 Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Emphysema	1 yr
Myocardial Insufficiency	

Other contributory causes of importance:

Senility

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Nagel M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

05073 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05073

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 W. Robinson St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna C. Brandt

(a) Residence: No. 527 W. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Brandt.

6. DATE OF BIRTH (month, day, year) Sept. 7-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Pauline Katzenmeyer
(Address) 527 W. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Ce. Date Sept. 26 1934

19. UNDERTAKER Mrs. G. Miller & Son
(Address) 2634 Jefferson St.

(Filed) ..... 19..... Registrar.

EP 25 1934 Director for Vital Statistics, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23- 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Sept. 23 1934
I last saw her alive on Sept. 22 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease.	
Other contributory causes of importance: Acute dilatation of heart.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Schmitt M. D.

(Address) 701 N. Fremont Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

M F C 5074

05074

CERTIFICATE OF DEATH

216-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Jones

(a) Residence: No. 1508 W Mosher St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jones

6. DATE OF BIRTH (month, day, year) March 15 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Jones

(Address) 1508 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Sept 25 1934

19. UNDERTAKER Dent Eastern

(Address) 216 E Lanvale

Sept 25 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1934

22. I, HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw { alive on ... 19... Death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Osteomyelitis of Skull

Lt. Lateral Sinus Thrombosis

Diabetes Mellitus

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ...

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Sept 17 1934

Where did Injury occur? Carey & Riggs Sts. (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Street accident

Manner of injury auto in which she was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Kenny Coroner, M. D.

(Address) 1229 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

F 05075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05075

93-603

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4410 Wrenwood Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Frances Falvey

(a) Residence No. 4410 Wrenwood Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced. (Write the word.) —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of SINGLE

6-DATE OF BIRTH (month, day and year) Nov 24 1854

7-AGE 79 yrs. 10 mos. 1 ds. If LESS than 1 day, ...hrs. or.... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Penn

PARENTS.

10-NAME OF FATHER. Thomas Falvey

11-BIRTHPLACE OF FATHER (city or town). (State or Country). New York

12-MAIDEN NAME OF MOTHER. Catherine Brosnahan

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Ireland

11- (Informant) Isabelle Patrick

(Address) 4410 Wrenwood

15- Filed [illegible] Registrar.

P 25 1934

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) September 23/34

17- I HEREBY CERTIFY, That I attended deceased from August 1 19 34 to September 23 19 34

that I last saw h[illegible] alive on September 23 19 34

and that death occurred, on the date stated above, at 10-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) 17 yrs. 1 mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John G. Hayman, M. D.

19 (Address) 4706 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cath. DATE OF BURIAL. 9.27 19 34

20-UNDERTAKER. John A Moran ADDRESS 3006 Bells St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P 1268-9

F 05076

HEALTH DEPARTMENT—CITY OF BALTIMORE

05076

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Front of 4113 E. Lombard St., ... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James Joseph Cavanaugh

(a) Residence: No. 4 S. Kresson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Cavanaugh

6. DATE OF BIRTH (month, day, year) July 2 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	38	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enamel Chipper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mitchell Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 Mo

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Cavanaugh

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alma Howard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alma Howard
(Address) 113 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date Sept 24 1934

19. UNDERTAKER Albert W. Gregory
(Address) 440 N. Gay St.

Registrar.

SEP 25 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Aorta and Vena Cava due to Pistol Shot Wound Homicide.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Sept 22 Date of injury Sept 22 1934

Where did injury occur? 4113 E Lombard
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place Street

Manner of injury Pistol Shot Wound

Nature of injury Hemorrhage of Aorta

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. F. Leary M. D.
Coroner

(Address) 1325 N Calhoun Park Ave

M. D. F 1268-9

F 05077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05077

✓ 63

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenue St., W-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Beverly Schultheis

(a) Residence: No. 1945 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 19-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11mons	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schultheis

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Emma M. Wright

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT John Schultheis

(Address) 1945 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cmetery Date Oct. 29 1934

19. UNDERTAKER Geo. L. Schmidt

(Address) 519 Frederick Ave

Oct 25 1934 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1934 to 9-25-1934

I last saw h alive on 9-25-1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Malnutrition & Marasmus — Date of onset 8-20-34 ?

Richets

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clayton Williams, M. D.

(Address) 1501 Gorsuch Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1208-9

E 05078

HEALTH DEPARTMENT—CITY OF BALTIMORE

05078

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Tunbridge Road St., 27-61 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph G. Coale

(a) Residence: No. 609 Tunbridge Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Myers

6. DATE OF BIRTH (month, day, year) Jan. 5, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph M. Coale

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Greble

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank W. Coale
(Address) 101 West Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 9/25/34, 19

19. UNDERTAKER Hugh L. Reese & Bro.
(Address) 208 E. Lexington St.

20. FILED SEP 25 1934 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1934 to Sept 24th, 1934

I last saw him alive on Sept 24, 1934 Death is said to have occurred on the date stated above, at 11 36 m. A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hemiplegia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. H. Duncan, M. D.

(Address) 5106 York Road

OCCUPATION is very important. See instructions on back of certificate.

8per—9-30—A. & Co.—250 Blks

05079

F 05079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 93-603

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home & Inf. ST 76-91 WARD)

2 FULL NAME Mrs Josephine Schniefer

(a) RESIDENCE NO 1645 Pamella Avenue ST. WARD
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs — mos — ds How long in U. S., if of foreign birth? 57 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

6a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Mr Michael Schniefer

6 DATE OF BIRTH (month, day, and year) Nov 16, 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
61	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown. Germany

PARENTS

10 NAME OF FATHER Mr Ed Spangenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Michael Schniefer
(Address) 1645 Pamella Avenue

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22, 1934.

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934, to Sept 22, 1934

that I last saw h ee alive on Sept 22, 1934

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia (2 days) —
Chronic Myocarditis.
Chole cystitis
Cholelithiasis (duration) 6 yrs mos ds

CONTRIBUTORY (Secondary) Hypertension & Gen Arteriosclerosis (duration) 6 yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 20, 1934

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Roland V. Hamer M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 22 19 34

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25 1934

M. D. B. 1268-9

F 05080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05080

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2927 Norfolk Ave., St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME F. Evelyn Wood

(a) Residence: No. 2927 Norfolk Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Donald W. Wood

6. DATE OF BIRTH (month, day, year) July 2, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles H. Sieck

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Virginia J. Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Donald W. Wood

(Address) 2927 Norfolk Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept. 26 1934

19. UNDERTAKER John F. Young

(Address) 715 Light St

Hunter Williams, M.D. Registrar

SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1934, to Sept 24, 1934

I last saw h- alive on Sept. 23, 1934. Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Pyogenes Septicemia	9/24/34

Other contributory causes of importance:

Acute Pneumococcus Pneumonia	5

Name of operation None Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jno. L. Hogan M. D.

(Address) 6-E Back St. Balto Md

OCCUPATION is very important. See instructions on back of certificate. Last statement of

M. D. B. 1268-9

F 05081

05081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John F. Tennyson

(a) Residence: No. 831 North Lakewood Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Olivia Tennyson.

6. DATE OF BIRTH (month, day, year) Nov 8 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Edwin Tennyson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Ann Truman

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Olivia Tennyson
(Address) 831 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 25 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St

Huntington Williams, Inc.

SEP 25 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1931. to September 23, 1934

I last saw him alive on September 23, 1934 Death is said to have occurred on the date stated above, at 3:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease, with	
Congestive Failure	1 year ago
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Hugh O. Degenhardt M.D. M. D.

(Address) Church Home & Infirmary

F 05082

F 05082

290284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Mansel

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)
Buffalo N Y

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander

6. DATE OF BIRTH (month, day, year) 3/24/64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Mansel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mansel

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Buffalo N.Y. Date Sept 25, 1934

19. UNDERTAKER Hughes & Jones
(Address) 1424 Broadway

SEP 25 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-25-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept-19, 1934 to Sept-25, 1934

I last saw her alive on Sept-25, 1934 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1933

Other contributory causes of importance:

None

Name of operation Rt. Craniotomy Date of 9-20-34

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05083

05083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Mason

(a) Residence: No. 709 Church Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Friends Bal City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pleasant Date Sept 26 34

19. UNDERTAKER John C. Miller
(Address) 2405 E. Eleven Mile

20. FILED SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1933 to Sept 24, 1934

I last saw him alive on Sept 24, 1934 Death is said to have occurred on the date stated above, at 10:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Hypertension	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hazel, M. D.

(Address) Bal City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

05084 HEALTH DEPARTMENT—CITY OF BALTIMORE 05084

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 10-21 Ward)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Krieger

(a) Residence: No. 408 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 30-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Lorenz Krieger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Krammer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Krieger
(Address) 408 E Chase St.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Western Date 9/27 19 34

19. UNDERTAKER W. Megaw & Co.
(Address) 217 St Paul St.

FILED ..... 19 .....

SEP 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-? 1934 to 9-25 1934

I last saw h[er] alive on 9-25 1934 Death is said to have occurred on the date stated above, at 9.45 Am.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis of Peritoneal Cavity — Date of onset .....

Other contributory causes of importance:

Cachexia

Name of operation Laparotomy & Drain — Date of 7-17-34

What test confirmed diagnosis? Microscopic Section — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Hamler M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1265-9

F 05085

Coarts

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05085

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 27-01 St., (Ward) Lib

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Coarts.

(a) Residence: No. 5212 Maple Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
M	White	Divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND of (or ~~WIFE of~~) Ruth Coarts

6. DATE OF BIRTH (month, day, year) July 29 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work None 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Business

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Coarts

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Sally Perry

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 27 1934

19. UNDERTAKER Wm Cook

(Address) 1217 W. Fayette St

SEP 26 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1934 to Sept 25 1934

I last saw him alive on Sept. 25 1934 Death is said to have occurred on the date stated above, at 7 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial tam Pneumonia → Sept 25, 1934	Aug 1934

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Margaret Harry Swann M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F. 05086

F 05086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 S. Highland St., 4th Ward)

Registered No. 96-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Heath

(a) Residence: No. 1300 S. Highland St., 4th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND ~~or~~ (or) WIFE of: Thomas Heath

6. DATE OF BIRTH (month, day, year): July 28th 1850

7. AGE: Years 84 | Months 1 2 | Days 25 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Samuel Stevens

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary E.

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Jennie Birch
(Address): 3403 Toone St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: 9/26/1934

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

SEP 26 1934

..... 19.. (Signature of Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Sept 23 1934

I last saw her alive on Sept 23 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic

Other contributory causes of importance:

Acute Myocarditis	Sept 1934

Name of operation: ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. B. Nelson M. D.

(Address) 215 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

05087

F 05087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Mulberry & Caton Aves St.) (Ward) 20-C

Registered No. 63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Master George Fuller

(a) Residence: No. 2672 Pulaney St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 1 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5 Weeks	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME George Fuller

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Master George Fuller

(Address) 2672 Pulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 9/27, 1934

19. UNDERTAKER Harry N. Armacost & Son

(Address) 4204 Ridgewood Ave Wilmington Manor, N. C.

SEP 29 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1934 to 9-25, 1934.

I last saw h[illegible] alive on 9-25, 1934 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Malnutrition

Dehydration

Rickets

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

Signed [illegible] M. D.

(Address) [illegible]

V 5 3

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of the disease or cause of death in plain terms, so that it may be properly classified.

M. D. B. 1268-9

F 05088

F 05088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Drazin

(a) Residence: No. 3444 Auchentoroly Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-25-34

7. AGE	Years	Months	Days	If LESS than 1 day — hrs. or 2 min.
	V			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Nathan Drazin

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER

15. MAIDEN NAME Celia Loewy

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Shelter Garden Date 9-26-34, 19...

19. UNDERTAKER Jack Levin Inc

(Address) 732 E. Balto St

20. FILED SEP 26 1934, 19... Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4.32 a.m. 9-25 1934 to 7.30 a.m. 9/25/34

I last saw him alive on 9-25, 1934. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) Albert J. Hynes Park M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CVS 3

F 05089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05089

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Baker

(a) Residence: No. 4026 Hickory Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced (or) WIFE of Wm Baker

6. DATE OF BIRTH (month, day, year) July 11 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Sept 29 1934

19. UNDERTAKER Chenowith Bros

(Address) 815 Chestnut Ave

EP 28 1934 Huntington Williams, Supt

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934, to Sept 25, 1934

I last saw her alive on Sept 25, 1934 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Campbell, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05090

05090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1706 Littleman St (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence Lyles

(a) Residence: No. 1706 Littleman St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col'd | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7-1934

7. AGE | Years | Months 6 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lawrence Lyles

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Ward

16. BIRTHPLACE (city or town) (State or country) Strasburg Va

17. INFORMANT Elizabeth Lyles
(Address) 1706 Littleman St

18. BURIAL, CREMATION, OR REMOVAL
*Place Mt Auburn Cemetery Date Sept 26 1934

19. UNDERTAKER Thos. E. Kelson
(Address) 1203 Presstman St

19 Huntington Wilkins

SEP 26 1934

0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	4 Days

Other contributory causes of importance:

Name of operation Ligation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner

(Address)

F 05091

M. D. R. 1268-9

05091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Tyler

(a) Residence: No. 857 Harlem ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Tyler

6. DATE OF BIRTH (month, day, year) 7-28-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Melinda Lyle

16. BIRTHPLACE (city or town) (State or country) Md-

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemty Date Sept 26 34

19. UNDERTAKER Thos E. Kelson

(Address) 1203 Freestman st

20. FILED 19 Registrar

SEP 26 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-24 . 1934 to 9-22 . 1934

I last saw h[illegible] alive on 9-22 . 1934 Death is said to have occurred on the date stated above, at 6 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of st. breast	1½ yr.
Other contributory causes of importance:	
Bronchopneumonia	1 day

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Watkins Coale M. D.

(Address) Baltimore City Hosp

INFORMATION is very important. See instructions on back of certificate.

F 05092

F 05092

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tbc) St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Oliver Clark

(a) Residence: No. 1005 Whatcoat st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy Clark

6. DATE OF BIRTH (month, day, year) June 10, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	39	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Mt. Lebanon~~ Cemetery Date Sept 26 1934

without Chas. E. Kelson

19. UNDERTAKER (Address) 1303 Pressman St

20. [illegible] Baltimore, Md.

SEP 26 1934

OCCUPATION is very important. See instructions on back of certificate.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934 to Sept. 22, 1934

I last saw him alive on Sept. 22, 1934 Death is said to have occurred on the date stated above, at 6.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer W Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

05093 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 05093

CERTIFICATE OF DEATH

+ ✓ 46

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL St. 9-01 (Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD.

Length of residence in city or town where death occurred yrs. mos. 29 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Theodore Buddnicz

(a) Residence: No. 6600 Newland Ave St., Dundalk Md. Ward. 37
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor, 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 9/27/34

19. UNDERTAKER Chas. Kushauskas (Address) 637 Spaca St

SEP 26 1934 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 34

22. I HEREBY CERTIFY, That I attended deceased from August 26 1934 to September 24 1934

I last saw him alive on September 24 1934 Death is said to have occurred on the date stated above, at 11:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of stomach	?
Other contributory causes of importance:	
Anaemia	

Name of operation Gastric enterostomy Date of 9-18-34

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

INFORMATION is very important. See instructions on back of certificate.

F 05094

F 05094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 E 41st St., 9-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary H. Zinkand

(a) Residence: No. 815 E 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Zinkand

6. DATE OF BIRTH (month, day, year) March 6, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George H. Walper

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helen Zinkand
(Address) 815 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 27 19 34

19. UNDERTAKER C. Edward Ellis
(Address) 32 E. Preston St.

FILED SEP 26 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 1934 to Sept. 24 1934

I last saw HER alive on Sept. 24 1934 Death is said to have occurred on the date stated above, at 11:52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Mitral Regurgitation	
(b) Myocarditis	

Other contributory causes of importance:

Exhaustion

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, what? ...

(Signed) H. H. Campbell M. D.

9/25/34 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

95095

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 95095

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W 40th St. 32-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Purdy

(a) Residence: No. 700 W 40th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (HUSBAND of / WIFE of) James Purdy

6. DATE OF BIRTH (month, day, year) June 8 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Georges Co -

FATHER

13. NAME William Watson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Watson

16. BIRTHPLACE (city or town) (State or country) Queen Georges Co -

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 28. 1934

19. UNDERTAKER C. Howard Evans

(Address) 35 E Mt Ave

SEP 26 1934

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22 1930 to Sept 25 1934

I last saw her alive on Sept 25 1934 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	
Arterial hypertension	
Chronic Nephritis —	1929
Other contributory causes of importance:	
Diabetes Mellitus —	1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. P. B. Mayo M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95096

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 4-C (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Juray

(a) Residence: No. 657 W. Pratt st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sells programs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race track

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Juray

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Cambish

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet Date 9/26 1934

19. UNDERTAKER Bernard C. Harbe

(Address) 1000 E Pratt St

Filed SEP 26 1934 Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1934 to Sept. 23 1934

I last saw him alive on Sept. 23 1934. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. W. Jackson M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-0

05097

HEALTH DEPARTMENT—CITY OF BALTIMORE

05097

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bayview & Dunbarton Ave) (15 Ward)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

2. FULL NAME Mrs. Celia Goldstein

(a) Residence: No. 1638 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Rubin Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fagie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Goldstein
(Address) 1638 N Appleton St

18. BURIAL, CREMATION, OR REMOVAL Helmuth Washington Blvd Date Sept 26 34

19. UNDERTAKER Sol Levinson & Bro
(Address) 1017 E Balto St

20. Washington Williams, M.D.
Registrar.

SEP 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25 1934

22. I HEREBY CERTIFY, That I attended deceased from September 23, 1934, to September 25, 1934. I last saw her alive on September 25, 1934. Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Cholecystitis & Cholelithiasis	?
2. Chronic Pancreatitis	?
3. Secondary Bilirubinemia Cirrhosis	?
4. Diabetes Mellitus	?

Other contributory causes of importance: Bronchopneumonia 9/20/34

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Aehman M. D.

(Address) West Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Dorsey

HEALTH DEPARTMENT—CITY OF BALTIMORE

05098 05098

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 9 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Dorsey

(a) Residence: No. 1727 East Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 6, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 4th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George A. Dorsey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Minnie Reichert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Geo. A. Dorsey

(Address) 1727 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place East Cemetery Date Sept 27, 1934

19. UNDERTAKER J. B. Diskert & Son

(Address) 1200 Eutaw Place

SEP 26 1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 1934

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1934 to September 24, 1934

I last saw him alive on September 24, 1934 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute appendicitis	
2. Pneumonia - (post-operative)	

Other contributory causes of importance:

Name of operation appendectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Mezquelles M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

Wiegroff

HEALTH DEPARTMENT—CITY OF BALTIMORE

05099 — CERTIFICATE OF DEATH — F 05099

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 256 Hollins St. 20-R Ward)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene L. Wiegroff

(a) Residence: No. 256 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella H. Wiegroff

6. DATE OF BIRTH (month, day, year) Dec 1st 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Mrs. Wiegroff

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT E. L. Wiegroff

(Address) 256 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 26 1934

19. UNDERTAKER J. B. Wyatt & Son

(Address) 322 Eastern Ave

Huntington Hill, Registrar.

SEP 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1934 to Sept 24 1934

I last saw h... alive on Sept 24 1934 Death is said to have occurred on the date stated above, at 2 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	9/19/34
Other contributory causes of importance: Myocarditis	4/24

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Kemp M. D.

(Address) 721 Medical Arts

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Garton

HEALTH DEPARTMENT—CITY OF BALTIMORE

05100

F 05100

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 Bromfield St. 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Garton

(a) Residence: No. 243 Bromfield St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle L. Garton

6. DATE OF BIRTH (month, day, year) Aug 8-1875

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Co

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Fruit Products

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Md.

FATHER

13. NAME Wm M. Garton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary L. Giles

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Estelle L. Garton

(Address) 243 Bromfield St

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 9/27/34

19. UNDERTAKER F. B. Whitman Son

(Address) 1300 Eutaw Place

20. [illegible] Registrar.

SEP 26 1934 [illegible], Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24/34

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 19 34 to Sept 24 19 34

I last saw h[illegible] alive on Sept 24 19 34. Death is said to have occurred on the date stated above, at 6 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7 hrs

Other contributory causes of importance:

Arterio-Sclerosis	
Diabetes Mellitus	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Edwin B. Lemmon M. D.

(Address) 710 N. Mt. St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05101 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05101

CERTIFICATE OF DEATH ✓ 122-001

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 70-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William H. Dietz (William H. Dietz)

(a) Residence: No. 412 S. Augusta Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth K. Dietz

6. DATE OF BIRTH (month, day, year) June 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 72	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Feed Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 645

10. Date deceased last worked at this occupation (month and year) Sept. 1914

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md. Maryland

FATHER

13. NAME Henry Dietz

14. BIRTHPLACE (city or town) (State or country) Hessen Darmstadt Germany

MOTHER

15. MAIDEN NAME Elizabeth Handshue

16. BIRTHPLACE (city or town) (State or country) Hessen Darmstadt Germany

17. INFORMANT Mr Elizabeth K. Dietz

(Address) 412 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Sept. 29 19 34

19. UNDERTAKER Joseph H. Coote

(Address) 1003 W. Baltimore St

20. FILED SEP 26 1934 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-18-34 19.. to 9-25-34 19..

I last saw him alive on 9-25 1934 Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia	9-13
Bronchopneumonia	9-22

Other contributory causes of importance:

Senility

Name of operation Herniorrhaphy Date of 9-18

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl C Reichel M. D.

(Address) 1 E Lanvale

DEATH OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05102

CERTIFICATE OF DEATH

F 05102

Registered No. 45

1. PLACE OF DEATH UNIVERSITY Hospital

CITY OF BALTIMORE: (No. Green & Lombard St. 21-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F Arnold.

(a) Residence: No. 1139 Wiconico St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Arnold

6. DATE OF BIRTH (month, day, year) Oct 7. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm. F. Arnold

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Henrietta Voneiff

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary E. Arnold Wife
(Address) 1139 Wiconico St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept 27. 1934

19. UNDERTAKER Jno. Wm. Deitel & Son
(Address) 2000 E. Baltimore St

SEP 25 1934

FILED 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25. 1934.

22. I HEREBY CERTIFY, That I attended deceased from 9-21. 1934 to 9-25. 1934

I last saw him alive on 9-24. 1934. Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Tonsil — Date of onset 1933

Other contributory causes of importance:

Secondary anemia

Secondary infection

Name of operation ..... Date of

What test confirmed diagnosis? Patho. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) W. L. Fearing M. D.

(Address) University Hospital

M. D. B. 1268-9

05103

E 05103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., Lombard & Broadway Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Jindra

(a) Residence: No. 411 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas Jindra

6. DATE OF BIRTH (month, day, year) Oct 12, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
✓	44	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Strakas

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Slezak

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Thomas Jindra

(Address) 411 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 29, 1934

19. UNDERTAKER Frank Grachy & Son

(Address) 1906 E. Baltimore St

Huntington Williams M.D.

Registrar

FILED 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Sept 26, 1934.

I last saw h.. alive on Sept 26, 1934. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Ventral Hernia	9/22/34

Other contributory causes of importance:

Obesity	? yrs.
Hypertensive C. V. disease	? yrs.
Surgical Shock	9/25/34

Name of operation Herniplasty Date of 9/25/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Easter, M. D.

(Address) Mercy Hospital.

OBSERVATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05104

05104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 106-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 E. 33rd St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 7 mos. 27 ds. How long in U. S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary E. Frey

(a) Residence: No. 821 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edwin B. Frey

6. DATE OF BIRTH (month, day, year): Jan. 27, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Benjamin P. Frey

14. BIRTHPLACE (city or town) (State or country): ------- Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Heritage

16. BIRTHPLACE (city or town) (State or country): ------- England

17. INFORMANT: Howard E. Frey
(Address): 821 E. 33d. St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Cem. Date: 9/27 19 34

19. UNDERTAKER: Kenyon-Mears Co.
(Address): 120 N. Eutaw St.

FILED: 26 1934 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 24 19 34

22. I HEREBY CERTIFY, That I attended deceased from June 15 19 34 to Sept. 19 34

Last saw h alive on Sept 21 19 34 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	June 34
General Arterio-Sclerosis	5 yrs

Other contributory causes of importance:

Hemiplegia 7 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) H. E. Frey M. D.

(Address) 516 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05105

05105 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 178-002

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvia Matz

(a) Residence: No. Louisville, Kentucky St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 18, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinetti, Ohio

FATHER

13. NAME Samuel L. Matz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) Samuel L. Matz Louisville, Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Louisville, Ky. Date Sept. 26, 1934

19. UNDERTAKER Harris Goldblum & Son (Address) 1902 Eutaw Place

26 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
Probably anesthetic shock (gas anesthea)	
Other contributory causes of importance:	

Name of operation Extirpation of small cyst of breast Date of 9/26/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Mason, M. D. Coroner

(Address) 104 E. Preston

M. D. B. 1268-9

E 05106

05106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 E. Eager St. 10-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas M. Scheel

(a) Residence: No. 1237 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of the late Mary M. Scheel

6. DATE OF BIRTH (month, day, year) June 11 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Mr. Scheel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not. Known

16. BIRTHPLACE (city or town) (State or country) Not. Kn

17. INFORMANT Mr George J. Scheel.

(Address) 1237 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cmty Date Sept. 28 1934

19. UNDERTAKER Henry Arbeck Sons Inc

(Address) 1301 E. Eager St

[illegible] Registrar.

SEP 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from September 25 1934 to September 26 1934

I last saw him alive on September 26 1934 Death is said to have occurred on the date stated above, at 5. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	
Cardiac Failure	
Edema of Lungs	
Arteriosclerosis	9/25/34
Other contributory causes of importance:	
Myocarditis	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William F. Edwards M. D.

(Address) 1200 N. Carrollton Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

Caroline Ritger

F 05107

F 05107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1-PLACE OF DEATH 1235 Harford Avenue

CITY OF BALTIMORE: (NO. 10-91 ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Ritger

(a) RESIDENCE NO. 1235 Harford Avenue ST., 10th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Ritger

6 DATE OF BIRTH (month, day, and year) Nov. 3, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Mr Hudgins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mrs. Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. John Ritger (Address) 1235 Harford Ave

15 Filed Sept 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25, 1934

17 I HEREBY CERTIFY, That I attended deceased from December 3, 1932, to September 24, 1934, that I last saw h[illegible] alive on September 24, 1934, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? xxxx

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

9/25, 1934 (Address) 3522 Greenmount Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemy DATE OF BURIAL Sept. 27 1934

20 UNDERTAKER Henry Stock Sons Inc ADDRESS 1301 E Eager St

F 05108

M. D. F. 1268-9

05108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No.) St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Johnson

(a) Residence: No. 910 Park ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) July 4, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 086

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabelle Bodley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED

SEP 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 34

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1934 to Sept. 26 1934

I last saw him alive on Sept. 26 1934 Death is said to have occurred on the date stated above, at 9.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1929
Pulmonary hemorrhage	July 1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer M. Jacobson M. D.

(Address) Baltimore City Hospitals

INFORMATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05109

HEALTH DEPARTMENT—CITY OF BALTIMORE

05109

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2815 Goodwood Rd. (St.) (Ward) 7-61

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurence C Bonifacino

(a) Residence: No. 2815 Goodwood St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seph 045

10. Date deceased last worked at this occupation (month, day, year) 1931

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME John B Bonifacino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Ammanbla Shagno

16. BIRTHPLACE (city or town) (State or country) Dayton Ohio

17. INFORMANT (Address) Wateda B Irby 2815 Goodwood Rd

18. BURIAL, CREMATION, OR REMOVAL Crown Hill Cem. Salem Ind Date 9/27 1934

19. UNDERTAKER William Cook (Address) 121 E 3rd Ave. Huntington Phillips, Mgr.

Registrar.

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1934 to Sept 25 1934

I last saw him alive on Sept 23 1934 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal disease	2yrs ago
Other contributory causes of importance: Cardiac decompensation	Aug 29

Name of operation None Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George M Seyle M. D.

(Address) 2435 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. was 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hall

(a) Residence: No. Nicholson Rd St., Ward. Essex Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced (write the word)~~
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/29/34

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
		3 weeks	6 hours

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Hall

14. BIRTHPLACE (city or town) (State or country) Vt

MOTHER

15. MAIDEN NAME Elsie Hagner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL London PK 9/27/34

(Place) (Date) 19

19. UNDERTAKER Geo H. Leimbach & Sons

(Address) 525 N Eutaw St.

20. FILED Huntington Williams 1934

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Sept 25, 1934

I last saw him alive on Sept 25, 1934 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	Sept 18
Bronchopneumonia bilateral	? Sept 24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw E Edwards M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

E 05111

HEALTH DEPARTMENT—CITY OF BALTIMORE

05111 ✓ 34

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Morgan

(a) Residence: No. 2115 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 11-1896

7. AGE — Years 38 | Months 6 | Days 13 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME A Dean.
14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER
15. MAIDEN NAME Emma Lawrence
16. BIRTHPLACE (city or town) (State or country) Tex

17. INFORMANT Johnnie Dean
(Address) 2115 Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date Sept 26, 1934

19. UNDERTAKER Archibald D. Gaddis
(Address) 2101 Mc Culloh St.

29 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Sept 29th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Pregnancy, 19..... I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 hours

Other contributory causes of importance: over

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Falk, M. D.
Coroner
(Address) [illegible]

M. D. B 1268-B

F 05112

05112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 St. Paul St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry M. Bishop

(a) Residence: No. 53 Adelaide St., Weehawken N.J. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Bishop

6. DATE OF BIRTH (month, day, year) June 28, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ry Passenger Service

10. Date deceased last worked at this occupation (month and year) Nov 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Wm P. Bishop

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Christie Park

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Ida Bishop

(Address) New Jersey

18. BURIAL, CREMATION OR REMOVAL

Place Wehawken Date Sept 28, 1934

19. UNDERTAKER George P. Schwalb

(Address) 21 Hudson Boulevard, North Hudson, N.J.

20. Filed Sept 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19..., to Sept 26, 19...

I last saw h... alive on Sept 26, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Sept 26
Coronary Thrombosis	Sept 26

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Hanlon Coroner, M. D.

(Address) 700 E Chase St

M. D. B. 1268-9

F 05113

F 05113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 Franklin St., 15 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Morris

(a) Residence: No. 1517 Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H Morris

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
50 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Lee

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nancy Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thos. Lee

(Address) 1808 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 30, 35

19. UNDERTAKER James Adams

(Address) 142 W. Third St

Huntington Williams Mgr.

20. FILED 9-27-35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/8, 1935 to 9/25, 1935

I last saw h[er] alive on 9/25, 1935 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Ruptured Appendix	
Septicemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dr. Hutchinson, M. D.

(Address) 2135 Druid Hill Ave

F 05114

F 05114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 East Ave St., 1-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaus Szymanski

(a) Residence: No. 2427 East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Born Feb 16, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Michael Szymanski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Hintz.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Joseph Szymanski
(Address) 2427 East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 25, 1934

19. UNDERTAKER H. Rozewski
(Address) 1921 Eastern Ave

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Sept. 25, 1934

I last saw him alive on Sept 25, 1934 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Hemiplegia	
Hypocondria	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lendrew Rewerowski M. D.

9/26/34 (Address) 2548 Eastern Ave

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05115 05115

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Auchentoroly St., 13-01 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eurith Elizabeth Bramwell Kelly

(a) Residence: No. 3322 Auchentoroly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lamar H. Kelly.

6. DATE OF BIRTH (month, day, year) Oct 16 - 1846

7. AGE: Years 87 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Finksburg (State or country) Md

FATHER

13. NAME George Bramwell

14. BIRTHPLACE (city or town) Finksburg (State or country) Md

MOTHER

15. MAIDEN NAME Amanda Horner

16. BIRTHPLACE (city or town) Finksburg (State or country) Md

17. INFORMANT G. Rayner Kelly

(Address) 3322 Auchentoroly Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/27/34

19. UNDERTAKER Thos. J. Fennell & Sons

(Address) Mt. Washington, Md.

FILED ... 19... [illegible] Registrar.

SEP 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Sept 25, 1934

I last saw her alive on Sept 25 1934 Death is said to have occurred on the date stated above, at 7 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris —	9/17/34
Chronic Nephritis —	?
Hypostatic Pneumonia —	9/17/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Signed E. Allen Hammond, M. D.

(Address) 2000 Hollins St.

9/26/34

M. D. B. 1268-9

F 05116 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05116

CERTIFICATE OF DEATH

X486-001

Registered No.

1. PLACE OF DEATH St. Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens and Caton Aves. St., 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Laura Dorsey

(a) Residence: No. Annapolis Junction Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lloyd E Dorsey

6. DATE OF BIRTH (month, day, year) Sept.16,1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredrick, Co. Md.

FATHER

13. NAME Nickolas Worthington

14. BIRTHPLACE (city or town) (State or country) Fredrick Co. Md.

MOTHER

15. MAIDEN NAME Sarah E Anderson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Claude W Dorsey Annapolis Junction, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Annapolis Jct. Date Sept 28 1934

19. UNDERTAKER (Address) Wm. J. Tuckerman Sons Inc. Annapolis Md.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture at neck of femur (left)	
Hypostatic pneumonia	

Other contributory causes of importance:

Senility
Cardiac vascular disease (apoplexy 1931)

Name of operation Inquiry Date of Sept. 25, 1934

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Time of injury 8/27 1934

Where did injury occur? Annapolis Jct. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down steps

Nature of injury Fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jos L. Volmer M. D. Coroner

(Address) 16 S. Broadway

M. B. P. F 05117 F 05117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Fallsway Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Allen Johnson

(a) Residence: No. 1019 Fallsway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ollie Johnson

6. DATE OF BIRTH (month, day, year): 1850

7. AGE: Years 84 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Do

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 2 Yrs

12. BIRTHPLACE (city or town) (State or country): Do

MOTHER FATHER

13. NAME: Doody Johnson

14. BIRTHPLACE (city or town) (State or country): Do

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Do

17. INFORMANT: Orbelia Smallcomb

(Address): 1019 Fallsway

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Cemetery Date: Sept 27 1934

19. UNDERTAKER: Thomas E. Kelson

(Address): 1303 Pressman st

27193 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3d, 1934 to Sept 26 1934

I last saw him alive on Sept 26 1934 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia 1 week

Other contributory causes of importance:

Chronic Interstitial Nephritis 6 mos

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Hall M. D.

(Address) 627 Mosher ave

M. B. B. F 05118 Russinow F 05118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunatic Hospital 18-01 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Mary Russinow

(2) Residence: No. 816 W. Franklin St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Russinow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D.C. Date 9-27-34

19. UNDERTAKER Hart Funeral Home

(Address) 1439 E. Fayette St.

20. FILED 9-27-1934 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26-34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934 to Sept 26, 1934

I last saw her alive on 9-26-34 19 Death is said to have occurred on the date stated above, at 2:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endemic Encephalitis	9-10-34
Other contributory causes of importance:	
Bronchopneumonia	9-24-34

Name of operation none Date of

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. L. Howard M. D.

(Address) Lunatic Hospital

M. D. F. 268-9 F 05119

F 05119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH Sinai Hospital — Registered No.

CITY OF BALTIMORE: (No. — St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Cohen

(a) Residence: No. 104 N. Milton Ave — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Meyer

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Not Learned Date 9-27-34

19. UNDERTAKER Levi Levin & Sons
(Address) 1437 E. Baltimore St

20. FILED Sept 27 1934 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934 to Sept 26 1934

I last saw her alive on Sept 26 1934 Death is said to have occurred on the date stated above, at 8.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Pancreatic Cyst - & Fistula

Name of operation Incision & Drainage of Pancreatic Cyst Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark E. Glaser M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

F 05120

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05120

93-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Monroe St. St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie O. Mohsberg

(a) Residence: No. 225 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sidney A. Mohsberg, Sr.

6. DATE OF BIRTH (month, day, year) June 28, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Harry N. G. Corson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hogg

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Sidney A. Mohsberg, Sr.
(Address) 225 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/28/34 19

19. UNDERTAKER Frank T. Hurtt & Son
(Address) 101 Edmondson Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23. 1934 to Sept 25. 1934

I last saw her alive on Sept 25. 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Myocarditis	9/23/34
Other contributory causes of importance: Arteriosclerosis	1933
Acute Nephritis	1934

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury . 19

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N. Fulton Ave

M. D. F. 1934

F 05121

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05121

CERTIFICATE OF DEATH

✓ 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 S. Mount St. St., 14-01 Ward)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Reecamper.

(a) Residence: No. 345 S. Mount St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mary M. Reecamper.

6. DATE OF BIRTH (month, day, year) April 1 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber got

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Reecamper.

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Annie Bachman.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary M. Reecamper. (wife)
(Address) 345 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 9/29, 1934

19. UNDERTAKER Harry A. Quitter
(Address) 1141 Edmondson Av.

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Steinhardt, M. D. Coroner
(Address) 1017 St. Charles St.

9/25/34

SEP 27 1934

M. D. B. 1268-9

05122

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 05122

CERTIFICATE OF DEATH

93-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 W. Lexington St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Krakauckas

(a) Residence: No. 739 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ursula Krakauckas

6. DATE OF BIRTH (month, day, year) Aug 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mr John Krakauckas
(Address) 321 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park, Date 9/28/ 1934

19. UNDERTAKER John F Conroy & Son
(Address) 901 Hollins St

20. FILED P 27 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/ 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to Sept 25 1934

I last saw h— alive on Sept 25 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	one year
Other contributory causes of importance:	
Acute Cardiac Dilatation	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Glassman M. D.

(Address) 1533 W. Fayette

M. D. B 1268-9

F 05123

F 05123 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 W. Hill St. S. 72-01 Ward)

Length of residence in city or town where death occurred 35 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolly Floyd.(C) or Estella White.(C)

(a) Residence: No. 203 W. Hill St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, WIFE (or) HUSBAND of Nathan White.(C)

6. DATE OF BIRTH (month, day, year) March 4, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME Perry Carroll.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Laura Hill.(C) daughter.
(Address) 17 W. Hill St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 9/27/ 34

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery st

SEP 27 1934

Hooper Williams, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto H. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

M. D. B. 1268-9

E 05124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05124

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 766 Waseche St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Johnson

(a) Residence: No. 766 Waseche St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Johnson

6. DATE OF BIRTH (month, day, year) Sept 11 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile washer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma Johnson

(Address) 766 Waseche St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Hall Date Sept 30 1934

19. UNDERTAKER Sam H. Chase Inc

(Address) 638 N. Eutaw

EP 27 1934

Interim Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/34

22. I HEREBY CERTIFY, That I attended deceased from 9/23/34 to 9/26/34

I last saw him alive on 9/26/34 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy —	9/25/34
Chronic Bright's Disease	2/9/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. Hawkins M. D.

(Address) 912 Eutaw St

M-05125 E 05125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peggy Langmead

(a) Residence: No. 528 Abbottston St., ... Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Langmead

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eva Van Horn

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT (Mr albert Langmead

(Address) 528 abbottston St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date Sept 27, 1934

19. UNDERTAKER Henry Stock & Sons Inc

(Address) 1301 E Eager St

20. FILED SEP 27 1934 Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934 to Sept 26, 1934

I last saw her alive on Sept 25, 1934 Death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Diphtheria	9 days

Other contributory causes of importance:

Myocarditis	9/26/34

Name of operation Tracheotomy Date of Sept 24, 1934

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

M. D. F. 05126 F 05126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Slade

(a) Residence: No. home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) Back City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Sept 27 19 37

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

SEP 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1937 to Sept 23, 1937

I last saw h... alive on Sept 23, 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
bilateral	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Magee M. D.

(Address) Back City Hosp.

M. D. F 58-9 F 05127

F 05127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses Bennett

(a) Residence: No. 1018 E. Lexington st. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan. 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jake Bennett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lydia ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Interred, Md Date Sept 27. 1934

19. UNDERTAKER [illegible]

(Address) .....

20. FILED ... 19 ... Registrar.

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from August 21 1934 to Sept. 22 1934

I last saw him alive on Sept. 22 1934. Death is said to have occurred on the date stated above, at 10.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer M. Jacobs M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-E F 05128 F 05128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James London

(a) Residence: No. 12 S Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 22, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Record
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 27, 193...

19. UNDERTAKER [illegible]

20. Filed SEP 27 1937 [illegible]

0741 B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to Sept 23, 1937

I last saw him alive on Sept 23, 1937 Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Wk.
Granuloma inguinale	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I Pinaud M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 05129

F 05129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 20-21 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Hutchins

(a) Residence: No. 2121 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas (Dead)

6. DATE OF BIRTH (month, day, year) June 30, 857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	-	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME Sam Farrow

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Jane Quigley

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Immanuel Md Date Sept 27 . 19 37

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Sept 24, 1937

I last saw ..... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 8 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stenocardia	?
Myocardial Insufficiency & congestive failure	5 Mos

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phrazier M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 05130

05130 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l. 24 (Hosp.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl ~~Schaefer~~ Schaefer

(a) Residence: No. 1414 Towson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.
—	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased (last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Wm. James Schaefer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lillian Roode

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Cem. Sept. 27 1934

19. UNDERTAKER Margaret E. Flynn

(Address) 622 Light St.

Huntington Williams Ave

21. FILED 271934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1934 to Sept. 27, 1934

I last saw her alive on Sept. 27, 1934. Death is said to have occurred on the date stated above, at 1:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia during a difficult delivery	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. M. J. Currie, M. D.

(Address) So. Balto. Gen'l. Hosp.

M. D. B 1268-9

MR 05131

HEALTH DEPARTMENT—CITY OF BALTIMORE

5131

CERTIFICATE OF DEATH

X 1210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-0 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 1 da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Catherine Wiest.

(a) Residence: No. 6 Irvin Place, Pikesville, Md., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced (of) Jacob Wiest.

6. DATE OF BIRTH (month, day, year) July 9, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER'S MAIDEN

13. NAME Peter Gottsleben.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Peter Schmedes. (son)
(Address) 6 Irvin Place Pikesville.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cmt. Date Sept. 29 1934

19. UNDERTAKER Henry Hoeck Sons, Inc
(Address) 130 E Eager St.

FILED 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

Compound fracture of lower 3rd of left fibula and tibia.
Probable fracture of the skull.
shock.
struck and knocked down by automobile

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Autopsy? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Reisterstown Rd. & Slade Ave.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Reinhardt, M. D.
Coroner

(Address) 10 E. Charles St.

9/27/34

M. D. F 126 F 05132

F 05132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Forest Park ave St., 5-01 Ward)

Registered No. 5-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marvin Harold Spielman

(a) Residence: No. 3602 Forest Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 16, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	—	11 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel J Spielman

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Elsie Davis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT A. J. Spielman

(Address) 3602 Forest Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Washington Rd Date Sept 27 1934

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Balto St.

20. FILED 9 27 1934 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1934 to 9/27, 1934

I last saw him alive on 9/26/1934 Death is said to have occurred on the date stated above, at 6 05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myelogenous Leukemia	

Other contributory causes of Importance:

Name of operation Biopsy + microscopic

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Goldberg D.

(Address) 2210 East Fayette Pl

M. D. B. 1268-9

F 05133

05133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals '34 Registered No. .....

CITY OF BALTIMORE: (No. Balto Md St. 11-C Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elena Carter

(a) Residence: No. 110 E. Preston St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced [redacted] (or) WIFE of Lloyd

6. DATE OF BIRTH (month, day, year) 10-6-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Harrisburg, Pa. Date 9/22 1934

19. UNDERTAKER Bernard P. Keirsky (Address) 818 E. Monument St

[illegible] Harrisburg, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1934 to Sept 23 1934.

I last saw her alive on Sept 21 1934 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	9/18/34
Other contributory causes of importance: Meningo Vascular Lues	
Cystitis	[illegible]

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 05134

05134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Wilkens Ave. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Pruitt

(a) Residence: No. 2205 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Pruitt

6. DATE OF BIRTH (month, day, year) May 29th 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed by

10. Date deceased last worked at this occupation (month and year) 2 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

FATHER

13. NAME John E. Pruitt

14. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

MOTHER

15. MAIDEN NAME Lyda R. Gerald

16. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

17. INFORMANT Ly. R. Pruitt

(Address) Cambridge, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date Sept 27 1934

19. UNDERTAKER John F. Young

(Address) 5 Lafayette St.

20. FILED Sept 27 1934 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th 1934 to Sept 26th 1934

I last saw him alive on Sept 25th 1934. Death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis involving glandular structures, lymphatic nodes. Pulmonary Embolism + clots	Feb 1933
Other contributory causes of importance: Terminal Bronchopneumonia	9/20/34

Name of operation Removal of testicle Sept 1934

What test confirmed diagnosis Sections Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Weibel M.D.

9/27/34 (Address) 1224 E. Hanover St.

M. D. B. 1169-B 05135

F 05135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 42-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Verbis or Vickers or Vicks

(a) Residence: No. 651 W Conway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Sept. 29 1934

19. UNDERTAKER John Trebliauckas (Address) 1923 S. Paca St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Sept 26, 1934

I last saw him alive on Sept 26 1934 Death is said to have occurred on the date stated above, at 6.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, pneumococcus	7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Marcel M. D.

(Address) Balt City Hosp

Spec.—9 30—A & Co.—250 Blks.

F 05136

05136 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 131

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1430 Hopewell ST 16 WARD)

2. FULL NAME Bettie Branch

(a) RESIDENCE NO. 1430 Hopewell Ct ST.. WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fml	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1st 1873

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	61	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS
10 NAME OF FATHER Harry Wynn
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Rosa Wynn
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Irene Smith 1430 Hopewell Court

15 Hunting Williams Registrar

271934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27/34

17
I HEREBY CERTIFY. That I attended deceased from May 10, 1934, to Sept. 27, 1934, that I last saw h alive on Sept. 27, 1934, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Renal Vascular Syndrome

(duration) yrs. 6 mos. 17 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) B J Hatcher M. D.
9/27, 1934 (Address) 1225 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnsons Va

DATE OF BURIAL Oct 1 1934

20 UNDERTAKER Samuel M Chase & Son

ADDRESS 638 N Gilmor

M. D. B 1268-9

F 05137

05137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No.

(If death occurred in a hospitol or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. East Ave. St., 76-01 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Deuerling

(a) Residence: No. 715 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Deuerling

6. DATE OF BIRTH (month, day, year) June 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Margaret Deuerling

(Address) 715 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 28 1934

19. UNDERTAKER George W. Zeigler

(Address) 1737 E. Eager St.

20. 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1934 to Sept. 25th, 1934

I last saw him alive on Sept 24th, 1934 Death is said to have occurred on the date stated above, at 2.00 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 23rd 1934

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 1011 N. Edwood Ave

AACo. 5-31 2500

(Friedel)

F 05138

HEALTH DEPARTMENT—CITY OF BALTIMORE

05138

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St. 76-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Friedel

(a) Residence: No. 1901 S. Newkirk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 24-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	4 3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottle Labeler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frankford Distillery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Friedel
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Isabelle Kutchera
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Isabelle Friedel
(Address) 1901 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Sept. 29, 1934

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

20. FILED 9-27-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-11-, 1934, to 9-26, 1934
I last saw h[illegible] alive on 9-26, 1934 death is said to have occurred on the date stated above, at 1:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	

Other contributory causes of importance:

Hypertension	
Myocardial failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Sowers M. D.

(Address) Franklin Square Hospital

M. D. P. 1268-9

B 05139

05139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH — Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Joseph M. Hinton

(a) Residence: No. 2619 Greenmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Janitor (Pub School 50)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — James Hinton

14. BIRTHPLACE (city or town) (State or country) — Baltimore, Md

MOTHER

15. MAIDEN NAME — Margaret Madden

16. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

17. INFORMANT — Miss Grace Taylor

(Address) 2619 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathwood Date Sept. 1934

19. UNDERTAKER — Harry H. Williams & Son

(Address) 1700 E. Monument St.

20. FILED Sept 27 1934 — Huntington Williams, Nyt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 28/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Sclerosis (Cardiac)	
(History of Angina Attack)	1 mon ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Collins, M. D. Coroner.

(Address) 508 E. Monument

AaCo. 5-31 2500

05140

HEALTH DEPARTMENT—CITY OF BALTIMORE

05140

CERTIFICATE OF DEATH

✓ 133

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3742 Old Frederick Road, 20-61 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Alice Maddox

(a) Residence: No. 3742 Old Frederick Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced ~~HUSBAND of~~ WIFE of Christopher Maddox

6. DATE OF BIRTH (month, day, year) Dec. 15-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

FATHER

13. NAME Bernard O'Neill,
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Jane Dixon,
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Edward Maddox
(Address) 3742 Old Frederick Road

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date Sept. 29, 1934.

19. UNDERTAKER Elmer H. Bonklin,
(Address) 924 E. Eager St.

20. FILED 27 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934, to Sept 26, 1934

I last saw her alive on Sept 26, 1934 Death is said to have occurred on the date stated above, at 3 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-Nephritis with Stasis & back Kidneys	5 Mo.
Chronic myocarditis	3 years
Arteria Sclerosis	6 yrs.

Other contributory causes of importance:

General Viscero-ptosis	10 Yrs.
Chronic Vaso-Constriction	2 weeks

Name of operation ... Date of ...

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. E. Bonello, M. D.

(Address) ...

M. D. F. 1238-9 F 05141

F 05141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St., 16-01 (Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewin M. Kennard

(a) Residence: No. Schr. J. A. Croswell (2328 Gunnah Ave) St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Rowe Kennard

6. DATE OF BIRTH (month, day, year) May 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) Sept. 8, 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co. Virginia

FATHER

13. NAME William J. Kennard

14. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

MOTHER

15. MAIDEN NAME Mary Ann Alford

16. BIRTHPLACE (city or town) (State or country) Kent Co. Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Clarksburg Cemetery Clarksburg Va Date Sept 28th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... [illegible] Baltimore, Md.

SEP 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26 1934

22. I HEREBY CERTIFY, That I attended deceased from September 17 1934 to September 26 1934

I last saw him alive on September 26 1934. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, of bladder, type undetermined	Unknown
Hematuria, cause undetermined	11
Other contributory causes of importance:	
Anemia simple	11

Name of operation None Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W M Sodden M. D.

(Address) U. S. Marine Hospital

F 05142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 20-01 Ward)

Length of residence in city or town where death occurred 21 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. O'Halloran.

(a) Residence: No. 31 S. Culver St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) October 5 1912

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
21	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

13. NAME Joseph O'Halloran.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Catherine McDonald.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Catherine O'Halloran. (mother)

(Address) 31 S. Culver St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Sept 29 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

Filed ... 1934 ... Registrar

P 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Mercury poisoning.	
Uraemia.	
Suicide.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 9/24/34 19...

Where did injury occur? 31 S. Culver St. (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place at home.

Manner of injury Suicide.

Nature of injury Bichloride Mercury poisoning.

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) Walter Leinhardt M. D. Coroner

(Address) 1017 E. Charles St. 9/27/34

M. D. R. 1268

F 05143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Webster St. St., 24-01 Ward)

Registered No. F 05143

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Roy E. Beziat.

(a) Residence: No. 1718 Webster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence J. Beziat.

6. DATE OF BIRTH (month, day, year) June 9 1888

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
46	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Killman At ⁂

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lock Insulator.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME James T. Beziat.

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Henrietta Powell.

16. BIRTHPLACE (city or town) (State or country) Martenberg. Va.

17. INFORMANT Mrs. Florence J. Beziat.
(Address) 1718 Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place X a Hill Date Sept. 29 19 34

19. UNDERTAKER John F. Degnan
(Address) 1715 Light St

20. FILED 19 Registrar

F 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1934 to Sept. 25, 1934
I last saw him alive on Sept. 25, 1934. Death is said to have occurred on the date stated above, at 11.07 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Laryngeal Tuberculosis	8/15/34
Other contributory causes of importance: Exhaustion	9/24/34

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Campbell M. D.
9/27/34 (Address) 1644 Hanover St

M. D. B. 1965-9

F 05144

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05144

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 96-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Woodall

(a) Residence: No. 130 Doris Ave Brooklyn St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Sep)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes (Sep)

6. DATE OF BIRTH (month, day, year) Mar. 11, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robt Woodall

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Clara Clark

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Robt Wm H Woodall Jun

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 29. 1934

19. UNDERTAKER John F Barry

(Address) 1612 E. Lanvale St

20. FILED Sept 29, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934 to Sept 26, 1934

I last saw him alive on Sept 26, 1934 Death is said to have occurred on the date stated above, at 24 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension	9 mos
Arteriosclerosis	"
Nephritis, arteriosclerotic	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill, M. D.

(Address) Balt City Hosp

M. D. F. F 05145

F 05145

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 161-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St 28-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Weber

(a) Residence: No. 16 N. Tremont Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-26-34

7. AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. - 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Daniel Weber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Blunk

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 11/28/34

19. UNDERTAKER Jaye G Farley Funeral Home Fayette
(Address)

20. FILED 19 Registrar.

F 05145.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934 to 19

I last saw h[illegible] alive on Sept 26, 1934 Death is said to have occurred on the date stated above, at 11 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
atelectasis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl G Herbel M. D.

(Address) St Agnes Hosp

F 05146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05146

82-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 950 Druid Hill Ave. (Ward) 17-51
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Schilling
(a) Residence: No. 950 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Wm J. Schilling

6. DATE OF BIRTH (month, day, year) Sept 18 1865

7. AGE Years 59 | Months | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Nicholas Gossman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Barbara Beyer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Schilling
(Address) 950 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem 9/29 39
Place
19. UNDERTAKER Geo. A. Fahey
(Address) Funeral Director

20. FILED , 19 Registrar.

E 23153

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 20. 1938 to Sept. 25 1939
I last saw h alive on Sept. 25 1939 Death is said to have occurred on the date stated above, at 12 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis	3
Apoplexy	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. S. Myer M. D.
(Address) 26 Cathedral St

F 05147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05147

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial (Hosp.) Ward 18-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Elizabeth Reisler

(a) Residence: No. 869 west Fayette St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 3, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Reisler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Kenz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT mother
(Address) 869 West Fayette St.

18. BURIAL—CREMATION, OR REMOVAL
Place Western Date 9/29 1934

19. UNDERTAKER Harry A. Mitchell
(Address) 1101 E. Lanvale Ave

20. FILED 9 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934 to Sept 26, 1934

I last saw her alive on Sept 26, 1934 Death is said to have occurred on the date stated above, at 2 45 P.m.

The principal cause of death and related causes of importance were as follows:

Diarrhea — Date of onset 9/27/34

Coroner

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James S Halot M. D.

(Address) Union Mem Hosp

M. D. F 05148

F 05148

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N Drew St. 76-9 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee - Skinner

(a) Residence: No. 717 N Drew St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Clarrie - Skinner

6. DATE OF BIRTH (month, day, year) 123-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 57

10. Date deceased last worked at this occupation (month and year) Sept 33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James A Skinner

14. BIRTHPLACE (city or town) (State or country) Washington D C

MOTHER

15. MAIDEN NAME Cassandra Hooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Clarrie - Skinner (Address) 717 N Drew St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 28 1934

19. UNDERTAKER John Ullrich (Address) 2251 Eastern Ave

Registrar

SEP 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1934 to Sept 25 1934

I last saw him alive on Sept 23 1934 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
myocarditis

Date of onset

Other contributory causes of importance:

chronic nephritis
senile debility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 6116 Eastern Ave Balt - Md.

M. D. B 1268-9

F 05149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05149

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 1-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Adam Medzelewski

(a) Residence: No. 1209 S Decker Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Dec. 24, 1918

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Stanislaw Medzelewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Bertha Bredon

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT William Medzelewski

(Address) 1209 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place A Humphreys Co Date 9/29/34

19. UNDERTAKER John J Duda

(Address) 2810 Fenton St.

FILED 9-29-34 PMC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept, 19.... to ....., 19....

I last saw h... alive on Sept, 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Shock	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9-26, 1934

Where did injury occur? Elwood & Wilkens
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident.

Manner of injury Run over by automobile

Nature of injury while riding a bicycle

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Joseph Pokorny Coroner M. D.

(Address) 3200 E Madison St

M. D. B. 268-B

F 05150

F 05150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 Gough St., 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kenneth Foster

(a) Residence: No. 2035 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Foster

14. BIRTHPLACE (city or town) (State or country) Glen Burnie Md.

MOTHER

15. MAIDEN NAME Theresa Kabat

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Theresa Foster
(Address) 2035 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 28 1934

19. UNDERTAKER John M Welsh
(Address) 401 S. Chester St

SEP 28 1934 ... Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Sept 25 1934

I last saw him alive on Sept 24 1934. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	Birth
Other contributory causes of importance:	
Prematurity	Birth

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward F Cook M. D.

(Address) 4137 Evergreen

M. D. P. 1268 F 05152

F 05151

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N Linwood ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Stanislawa Wassel

(a) Residence: No. 23 N Linwood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony Wassel

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Hoffman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT by Anthony Wassel

(Address) 23 N Linwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 29, 1934

19. UNDERTAKER John M Weber

(Address) 401 E Chase St

Huntington Williams

20. FILED SEP 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th 1933 to Sept 22nd, 1934

I last saw h alive on Sept 22nd, 1934 Death is said to have occurred on the date stated above, at 2 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Tuberculosis	2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. J. Junker, M. D.

(Address) 111 N Milton ave

M. D. P. 126

F 05152

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05152

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General St. 1600 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lavalia Christopher-Crowther

(a) Residence: No. 910 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur P. Crowther

6. DATE OF BIRTH (month, day, year) October 8, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middlesex County (State or country) Virginia

MOTHER

13. NAME Emma Christopher

14. BIRTHPLACE (city or town) Middlesex County (State or country) Virginia

FATHER

15. MAIDEN NAME Emma Hart

16. BIRTHPLACE (city or town) Middlesex County (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Deltaville Va 9/29/34

19. UNDERTAKER Geo H. Zepp & Son

(Address) 525 N. Eutaw St

P 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1934 to September 27, 1934

I last saw her alive on September 27, 1934. Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lymphosarcoma	Oct. 1933
Acute dilatation of heart with pulmonary edema	9-27-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wendell Elliott Babcock, M. D.

(Address) U. of M. General Hospital

M. D. B 1268-9

05153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05153

186-21 05153

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank George Michel

(a) Residence: No. 4506 Walker Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 6/1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis Michel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) n

17. INFORMANT Francis A. Michel

(Address) 4506 Walker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/28/ 1934

19. UNDERTAKER John L. Morgan

(Address) 1002 E. Baltimore St

SEP 28 1934 Huntingtown Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 27/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	

Other contributory causes of importance: Fracture of rt hip Sep11/3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/11/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place slipped or fell from chair to floor in his home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner . M. D.

(Address) 708 E Fayette

M. D. B. 1268-9

James Sewell

F. 5154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-07 F 5154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-06 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Sewell

(a) Residence: No. 1208 Druid Park Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) ...

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Severna Park School

10. Date deceased last worked at this occupation (month and year) Sept 19, 1934

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Henry Barnes
(Address) 1208 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date Sept. 29 - 1934

19. UNDERTAKER Eugene Coyne
(Address) 1721 Edmondson Ave

SEP 28 1934

FILED ... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Sept 25, 1934.

I last saw him alive on Sept 25, 1934. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 19, '34
Bronchopneumonia (Lommel)	9/22/34

Other contributory causes of importance:

Arteriosclerotic Cardiovascular disease	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Helen G. Mammons, M. D.

(Address) University Hospital

M. D. B. 1268-2

05155

HEALTH DEPARTMENT—CITY OF BALTIMORE

05155

CERTIFICATE OF DEATH

1. PLACE OF DEATH 803 S. Green St

CITY OF BALTIMORE: (No. 803 S Green St., 15th Ward)

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Fisher (Colin)

(a) Residence: No. 803 S Green St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Jasper Colin

6. DATE OF BIRTH (month, day, year): June 21. 1909

7. AGE: Years 25 | Months 3 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: George Fisher

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Lilly Evans

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: George Fisher

(Address): 803 S Green St

18. BURIAL, CREMATION, OR REMOVAL

Place: Suffolk Va Date: Sept 30, 1934

19. UNDERTAKER: Joseph A Kirby

(Address): 1491 W. Mount St

FILED SEP 28 1934 Huntington W. Virginia, N.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27, 1934

22. I HEREBY CERTIFY That I attended deceased from Sept 22, 1934 to Sept 27, 1934

I last saw h alive on Sept 27, 1934 Death is said to have occurred on the date stated above, at 1:04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	

Other contributory causes of importance:

Pertussis

Name of operation: Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hampton, M. D.

(Address) 50 E. 11 Hamtn. W. Va.

M. D. F. 1262-9

05156

HEALTH DEPARTMENT—CITY OF BALTIMORE

05156

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Hospital, St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thos H. Cooper.

(a) Residence: No. 1370 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Matilda Cooper

6b. DATE OF BIRTH (month, day, year): May 4-1890

7. AGE: Years 44, Months 4, Days 20, If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME OF FATHER: Thos H Cooper

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME OF MOTHER: Elizabeth Knox

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Ira Thornton

(Address): 508 Laurens

18. BURIAL, CREMATION, OR REMOVAL: Place Natural Grave Date Sept 29 1934

19. UNDERTAKER: Mrs. Louise H. Gorsuch

(Address): 1631 Druid Hill Ave

FILED SEP 29 1934. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

last saw h..... alive on Sept 29 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
- Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of ... No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek M. D.
Coroner

(Address) Coroner

M. D. B 1261-9

05157 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05157

M

210-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 12-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Williams

(a) Residence: No. 209 W 24th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Williams

DATE OF BIRTH (month, day, year) ? 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Wm Williams

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mary Watson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Benjamin Williams (son)

(Address) 209 W 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place Memorial Gdns. Date Sept. 29. 1934

19. UNDERTAKER Wm. Geo. E. Holland

(Address) 1631 Druid Hill Ave

FILED SEP 29 1934

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 34 to Sept. 19 34

I last saw him alive on Sept. 19 34. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/18 1934

Where did injury occur? Date & 22nd St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by automobile

Nature of injury Fractured Base of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Adams M.D.

(Address) 2200 E Madison St.

M. D. B. F 05158 F 05158

299165 Red

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town) where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Feldman

(a) Residence: No. 1002 Warden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 4, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Feldman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lulu Lerner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Sept. 29 1934

19. UNDERTAKER Fell & Zeiler
(Address) 803 W Pratt St

FILED SEP 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 26 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1934 to Sept 26 1934

I last saw him alive on Sept 26 1934. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	9-1934

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Dr. Schweitzer, M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

F 05159

05159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street) 4 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Marlow

(a) Residence: No. 316 Pearl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto - Md

13. NAME

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Elsie Cook

(Address) 823 Forest St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Ambulance Date: 9-28-34

19. UNDERTAKER: Dennis Taylor

(Address) 966 E. Eager

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-24-34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller M. D. Coroner

(Address) 703 Eastern Ave

M. D. P. 1268-9

F 05160

05160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. Hab Ward)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Walker

(a) Residence: No. 675 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth (dead)

6. DATE OF BIRTH (month, day, year) Feb. 23, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Fulton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Martha ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Univ. of Md Date Sept 26, 1934

19. UNDERTAKER (Address)

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to Sept 23, 1934 I last saw him alive on Sept 23, 1934 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Past

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Phagan, M. D.

(Address) Balt. City Hosp.

Spec.—1-42-23—M&T—500 Blks.

F 05161

05161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 366 ASH. ST. Balto ST 12-0 WARD)

2-FULL NAME ## Boy Wechaeske (MECHAISKE)

(a) RESIDENCE NO. 366 pork ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Sept ## 1934

7 AGE	Years	Months	Days	If LESS than 1 day, ## hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Premature & two gestation ##

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer b/h

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Eugene MECHAISKE

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Margaret Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) ###.

15 Filed ... 19 ... Registrar

25144 2:50

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept ## 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept ##. 1934. to Sept ##. 1934

that I last saw h## alive on Sept ##. 1934

and that death occurred, on the date stated above, at 6.00 A m

The CAUSE OF DEATH* was as follows:

Premature birth.

4 hours.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B.A. Fillah, M. D.

9/##.1934 (Address) 361 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. of Md College DATE OF BURIAL 9/20 28 1934

20 UNDERTAKER ADDRESS

Spec.—1-12-23—M&T—500 Blks.

F 05162

HEALTH DEPARTMENT—CITY OF BALTIMORE

05162

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3667 Oak 2d ST., 13-01 WARD)

2-FULL NAME No 1 Boy Mecholske.

(a) RESIDENCE NO. 3667 Oak 1st ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Sept 18th. 34

7 AGE: Years | Months | Days | If LESS than 1 day, 3 hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Premature Infant 6hrs old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Eugene Mecholske

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Margaret Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Father

(Address)

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 18th. 1934. to Sept 18th. 1934. that I last saw him alive on Sept 18th. 1934 and that death occurred, on the date stated above, at 4.30 P. m

The CAUSE OF DEATH* was as follows:

Premature birth.

3 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. G. Fellers, M. D.

9/18 1934 (Address) 36 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jefferson Med College — DATE OF BURIAL: Sept 20 1934

20 UNDERTAKER — ADDRESS

M. D. B 1268-9

F 05163

05163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 139-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Konnler

(a) Residence: No. 3535 E Fairmount Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Konnler

6. DATE OF BIRTH (month, day, year) Feb 1 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Lawrence Chrobot

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherine Jerzinsky

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Konnler

(Address) 3535 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem 9/29 19 34

19. UNDERTAKER W M Cork Co

(Address) 1317 E Pratt St

19 ... Registrar

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1934 to Sept 26 1934

I last saw her alive on Sept 26 1934 Death is said to have occurred on the date stated above, at 10 02 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Post-Operative Hemorrhage Shock etc	
	9/21/34

Other contributory causes of importance:

Hypertrophic Endometritis

Name of operation Supravaginal Hysterectomy Date of 9/26/34

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Tim Aulman M. D.

(Address) West Balto. Gen. Hosp.

M. D. B. 1268-9

05164 E 05164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital Registered No. 48

CITY OF BALTIMORE: (No. 1005 Eaton Ave. St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Cora A. Sawyer

(a) Residence: No. 103 East 23rd St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Shelton G. Sawyer

6. DATE OF BIRTH (month, day, year) Apl 5 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 yrs.	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Hellmers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cora A. Walker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jenkins Mem. Hosp.

(Address) 1005 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/1 1934

19. UNDERTAKER Wm Cook

(Address) 1212 E Fayette St

FILED 9-29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st. 1934 to September 28. 1934

I last saw her alive on September 27 1934 Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1933
Local Metastasis	1934

Other contributory causes of importance: Secondary Anemia

Name of operation Pan-Hysterectomy Date of 8-10-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. Specify

(Signed) Carl G. Dodge M. D.

(Address) 1005 Eaton Ave

M. D. B. 1268-9

Dr Fleming 1900 Eastern Ave Corr Hosp.

E 05165

HEALTH DEPARTMENT—CITY OF BALTIMORE

05165

CERTIFICATE OF DEATH

124-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 251 S. Broadway 2-91 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Brown

(a) Residence: No. 251 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Emily T. Brown

7. DATE OF BIRTH (month, day, year) June 17th 1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 066

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Hugh Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Tynon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John T. Brown

(Address) 251 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 1st, 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed SEP 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1934 to Sept 27th, 1934

I last saw h~~e~~r alive on Sept 27th, 1934 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

...If so, specify

(Signed) Thomas J. Fleming, M. D.

(Address) 1900 Eastern Ave.

M. D. P. 1268-9

F 05166

05166 5
24016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Duraczuk

(a) Residence: No. 706 S Luzerne ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-22-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		20	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Stephan Duraczuk

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rose Niewiadowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sep 29. 1934

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern ave

Huntington Williams, Nott

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22. 1934 to Sept 27. 1934
I last saw him alive on Sept 27. 1934. Death is said to have occurred on the date stated above, at 7 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	7-18-34

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schweitzer M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

(Casimer)

E 05167

HEALTH DEPARTMENT—CITY OF BALTIMORE

05167

CERTIFICATE OF DEATH

V 121

Registered No.

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2-01 Ward)

Length of residence in city or town where death occurred 20 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casimer Ostrowski

(a) Residence: No. 802 S. Anne St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~

6. DATE OF BIRTH (month, day, year) 3/4/1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Work

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Anthony Ostrowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Pauline Lantarkki

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Rosary
Place [illegible] Date Sept 1934

19. UNDERTAKER William Fiszewski
(Address) 1618 Eastern Ave
Huntington Williams, Sr.

FILED 9/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934 to Sept 26, 1934

I last saw him alive on Sept 26, 1934 Death is said to have occurred on the date stated above, at 11 30 a. m.

The principal cause of death and related causes of importance were as follows:

Gangrene Appendicitis — Date of onset 9-18-34

Other contributory causes of importance:

Gen. Peritonitis — 9/19/34
Toxiemia

Name of operation appendectomy Date of 9/19/34

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Raymond F. Hayduk, M. D.

(Address) Mercy Hospital.

Spec.—9-30—A. & Co.—250 Blks

F 05168

05168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 308 S. Pulaski St 70-21 WARD)

2-FULL NAME Mary C. Linsenmeyer

(a) RESIDENCE NO 308 S. Pulaski St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Linsenmeyer

6 DATE OF BIRTH (month, day, and year) March 9th 1878

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Frank J. Linsenmeyer
(Address) 308 S. Pulaski St

15 Filed , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26-1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1934, to Sept. 26, 1934.

that I last saw h[illegible] alive on Sept. 26, 1934.

and that death occurred, on the date stated above, at 10 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary), Cardiovascular-Renal Disease (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) John C. Driscoll M. D.

, 19 (Address) 2101 W. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Sept 28 1934

20 UNDERTAKER George L. Schnaat — ADDRESS 2101 Eutaw ave.

M. D. F. 1268-9

05169 2,897,490 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05469

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Watkins

(a) Residence: No. 1529 Division st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zebulon

6. DATE OF BIRTH (month, day, year) Mch - 2/18/1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles Pitts

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elsa Blundon

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Pl[illegible] Mt Zion Cem Date 9-30 1934

19. UNDERTAKER Francis A. Hemsley
(Address) 578 N Broadway

29 1934 Huntington Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28 - . 1934 to Sept. 26 . 1934

I last saw her alive on Sept. 26 . 1934 Death is said to have occurred on the date stated above, at 3:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Fever	27 years ago
Mitral Stenosis & insufficiency	" " "
Myocardial failure with auricular fibrillation.	5 yrs ago

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry D. Stubbins M. D.

(Address) The Johns Hopkins Hospital.

Spec.—8-16-29—L. F. S.—100 Bks.

F 05170

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05170

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Carey St. 14-96 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Pennington

(a) RESIDENCE NO. 524 N. Carey St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life do. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 15-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Proctor

(b) General nature of industry, business, or establishment in which employed (or employer) Hackman

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Robt H. Pennington

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Mary A. Galloway

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Julia Dungel

(Address) 524 N. Carey

Filed 9-29-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28-34

17 I HEREBY CERTIFY, That I attended deceased from 9/15/34 19 to 9/28/34 19

that I last saw him alive on 9/28/34 and that death occurred, on the date stated above, at 10.30 AM

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 6 yrs. 9 mos. 14 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Pantsdale M. D.

(Address) 526 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Oct 2nd 1934

20 UNDERTAKER Samuel N. Chase Inc ADDRESS 638 N. Gilmor

M. D. F. 1268-9

F 05171

05171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. B. & A. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary A Romig

(a) Residence: No. 1400 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Romig.

6. DATE OF BIRTH (month, day, year) Jan 7 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allentown Pa.

FATHER

13. NAME Andrew Rhein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Medinis

16. BIRTHPLACE (city or town) (State or country) France Paris

17. INFORMANT Le Hart

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/ 1934

19. UNDERTAKER W. H. Cook

(Address) 1310 Eutaw St

FILED Hamilton Williams Registrar.

9 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Sept 28 1934

I last saw h[illegible] alive on 9-27 1934 Death is said to have occurred on the date stated above, at 12 20 P.M. 9-28-34

The principal cause of death and related causes of importance were as follows:

Diabetic Coma — Date of onset 9-27-34

Other contributory causes of importance:

Cholecystitis

Name of operation None ; Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin, M. D.

(Address) W. B. & A.

M. D. B 1268-9

5172

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05172

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1026 Vincent St. 16-21 (Ward)

Length of residence in city or town where death occurred 37 yrs. mos. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Gregory Smith

(a) Residence: No. 1026 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: WIFE of Eliza Smith

DATE OF BIRTH (month, day, year): 1873

AGE: 61 Years | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME of father: Thos Smith

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME of mother: Nolan

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Annie Williams

(Address): 1137 Whalcott

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn cem. Date: Sept 29 1934

UNDERTAKER: Thos. E. Kalon

(Address): 1303 Eastman St

FILED: Sept 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Sept 26 1934

I last saw h alive on Sept 19 1934. Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — 6 months

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Finch Coroner, M. D.

(Address)

M. D. B. 1268-9

F 05173

05173 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 144-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., (3-21 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Roberts Morton

(a) Residence: No. 2479 Druid Hill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond Morton

7. DATE OF BIRTH (month, day, year): July 15-1911

8. AGE: Years 23 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto - Md

13. NAME: Henry F. Roberts

14. BIRTHPLACE (city or town) (State or country): Balto - Md

15. MAIDEN NAME: Laura Rapp

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Henry F. Roberts

(Address) 518 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 9/29/1934

19. UNDERTAKER: Chas. G. Corpen

(Address) 514 N. Calhoun St

19. I. D. No. 934

Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year): 9-25-1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Post partum Hemorrhage — Placenta Previa Marginalis — Data of onset

Other contributory causes of importance:

Cervical Lacerations

Name of operation: Podalic Version Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feller M. D.

Coroner

(Address) 2139 Eastern Ave.

F 05174

05174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Duncan St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Cooper

(a) Residence: No. 508 N. Duncan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md

13. NAME John Cooper

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Cam bridge Md

17. INFORMANT Benjamin Cooper (son)

(Address) 508 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date . 1934

19. UNDERTAKER Edward Bryan

(Address) 1691 Orleans St

Registrar.

29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable uremia	
(Cause undetermined)	
Possible enlerged prostate.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.

(Address) 508 E Lombard

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05175

05175

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp. St., 24-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME — Oscar Preston

(a) Residence: No. 1609 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Mar 16 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

13. NAME Benjamin F. Preston

14. BIRTHPLACE (City or town) (State or country) Harford Co Md.

15. MAIDEN NAME Mary E. Johnson

16. BIRTHPLACE (City or town) (State or country) Md.

17. INFORMANT Mrs. Mary E. Preston
(Address) 1609 Covington

18. BURIAL, CREMATION, OR REMOVAL Harford Co

Place Abingdon Date 9/1 1934

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fred. Ave

SEP 2 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1934 to Sept 28 1934 19

I last saw him alive on Sept 26 1934 19 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nucous Colitis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Proctor M. D.

(Address) Md Gen Hospital

M. D. B. 1268-9

05176 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05176

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 W. North Avenue St., 15-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine B. Aufhammer

(a) Residence: No. 2500 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of ---- ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deaconess Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

13. NAME John G. Aufhammer

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary N. Gilder

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dr. F. U. Gift
(Address) W. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 9-30 1934

19. UNDERTAKER F. B. Herbert & Son
(Address) 1900 Eutaw Place

19. , 19 Registrar.

SEP 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/11/ 1934 to 9/21/ 1934

I last saw her alive on 9/26/ 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	7/1/34
Other contributory causes of importance:	
Cardiac insufficiency	9/26/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Hope A Bowden M. D.

(Address) 1517 E North Ave.

H. D. B. 1268-9

05177

HEALTH DEPARTMENT—CITY OF BALTIMORE

05177

CERTIFICATE OF DEATH

13Y

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 14-21 Ward)

Length of residence in city or town where death occurred 45 yrs. 3 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (Kathryn) Katherine M. Gage.

(a) Residence: No. 1673 W. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

DATE OF BIRTH (month, day, year) June 15, 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Gage.

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Anna McMenus.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Anna M. Gage. (sister)

(Address) 1673 W. North Ave.

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Oct. 1- 1934

UNDERTAKER Chas. F. Vance Est.

(Address) 118 W. Mt. Royal Ave

FILED SEP 29 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Malignant sclerosis	
Uraemic.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Steinhardt, M. D. Coroner

9/20/1934 (Address) 1017 St. Charles

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05178

CERTIFICATE OF DEATH

✓ F 05178

82-001

Registered No. 18-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital (or) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Trabandt

(a) Residence: No. 1212 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Trabandt

DATE OF BIRTH (month, day, year) June 27-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Sevier

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth Marshall

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT (Address) Mr. Michael Trabandt 1212 W. Baltimore St.

BURIAL, CREMATION, OR REMOVAL Place Garland Park Cem Date 10/1/34 19

UNDERTAKER John Kerwan & Son (Address) 401 Dolling St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 19 34

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Sept 27 1934
Other contributory causes of importance:	
Hypertension with Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Volk M. D. Coroner

(Address) 16 South Broadway

M. D. P. 1268-9

05179

HEALTH DEPARTMENT—CITY OF BALTIMORE

05179

CERTIFICATE OF DEATH

✓ 76-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Carter.

(a) Residence: No. 408 N Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Separated.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Roy Carter.

6. DATE OF BIRTH (month, day, year): 3/9/1880.

7. AGE: Years 54 | Months 6 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): California

13. NAME: ? Cohen.

14. BIRTHPLACE (city or town) (State or country): Cal

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Frank Higgins (friend)
(Address) 410 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 9/29/34

19. UNDERTAKER: John J. Cowan & Son
(Address) 1401 Fallsway St.

29 1934 Huntingtown Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1934 to 9/28, 1934

I last saw her alive on 9/28, 1934 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Cause unknown	3 days
Topic erythema	3 wks.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

05180 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05180

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16 Ward)

Length of residence in city or town where death occurred first mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Lee Hoskins

(a) Residence: No. 1002 Hoskins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest (Sig)

7. DATE OF BIRTH (month, day, year) July 2, 1910

8. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Sept 1934 | 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Moses Harris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Edmonia Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place N W Cemetery Date 10-1 1934

19. UNDERTAKER Samuel Custis (Address) 916 Pennsylvania Ave

SEP 29 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934 to Sept 27, 1934

I last saw her alive on Sept 27, 1934 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	?
Subacute Bacterial endocarditis (Streptococcus Viridans)	3 mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Phagan, M. D.

(Address) East City Hosp

M. D. P. 1268-9

05183 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05181

290

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mayor

(a) Residence: No. 2026 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hettie Mayor

6. DATE OF BIRTH (month, day, year) 4-3-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Allan Mayor

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Arinthia West

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 29, 1934

19. UNDERTAKER Greenmount Undertaking Co
(Address) 2101 McCulloh St

Filed SEP 30 1934, 19... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934 to Sept 28, 1934

I last saw him alive on Sept 28, 1934 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension ?	June 1934
Cerebral Accident	Sept 26, 1934
Right Hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

Spec.—1-12-23—M&T—500 Bks.

F 05182

05182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 Division ST., 14-01 WARD)

2-FULL NAME Chas. E. Minor

(a) RESIDENCE NO. 1539 Division ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Melissa

6 DATE OF BIRTH (month, day, and year): Sept. 14-1856

7 AGE: Years 78 | Months | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Melissa Minor

(Address) 1539 Division St Huntington Williamson W. Va.

9 FEB 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 26 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934, to Sept 26, 1934, that I last saw h[illegible] alive on Sept 26, 1934, and that death occurred, on the date stated above, at 3:10 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCaul M. D.

9/28, 1934 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Sept. 29 1934

20 UNDERTAKER: Mrs. George H. Holland — ADDRESS: 1631 Druid [illegible]

F 05183

H. D. B. 1268-9

05183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. V 22

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Mary Aldgner Spicer

(a) Residence: No. 3015 Hudson St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jay Wesner Spicer

7. DATE OF BIRTH (month, day, year): Sept 2 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Life

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME OF FATHER: Harry Spicer

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME OF MOTHER: Margaret Madden

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Date Oct 1st 1934

19. UNDERTAKER: John C. Miller

(Address) 2435 N. Charles St

Huntington Millware, Md

Registrar.

29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1934 to Sept 27 1934

I last saw her alive on Sept 26 1934 Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1934
Other contributory causes of importance: Intestinal Obstruction	Sept 1934

Name of operation: Hysterectomy, Salpingo oophorectomy, Intestinal Date of 9/4/34

What test confirmed diagnosis? Was there an autop 9/27/34

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Gant M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 05184

05184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lewis Henson

(a) Residence: No. 822 W. Lemon St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Henson

7. DATE OF BIRTH (month, day, year) 1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68 yrs			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Data deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Md.

14. NAME Joshua Henson

15. BIRTHPLACE (city or town) (State or country) Maryland

16. MAIDEN NAME Susan

17. BIRTHPLACE (city or town) (State or country) Maryland

18. INFORMANT Carrie Henson
(Address) 822 W. Lemon St.

19. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 29, 1934

20. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder Ste.

29 1934 Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934 to Sept 27, 1934

I last saw him alive on Sept 27, 1934 Death is said to have occurred on the date stated above, at 4:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	
Myocardial failure	
Other contributory causes of importance:	
Pulmonary Tuberculosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen P. Maguinna M. D.

(Address) University Hospital

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05185

05185

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH 339 N. Stricker St.

CITY OF BALTIMORE: (No. 339 St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Byrd

(a) Residence: No. 339 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Byrd

7. DATE OF BIRTH (month, day, year) June 16, 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

13. NAME Tyfred Lowe

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Rebecca?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mamie Downs

(Address) 339 N Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct. 1, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED Sept 29 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934 to Sept 26, 1934

I last saw h alive on Sept 26, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance:

—

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Smith, M. D.

(Address) 511 Lanvale St.

M. D. B. 1268-9

E 05186

HEALTH DEPARTMENT—CITY OF BALTIMORE

05186

CERTIFICATE OF DEATH

J93-005

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2155 Mt. Holly Street St., 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Maccubbin Filbert

(a) Residence: No. 2155 Mt. Holly Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Frederick W. Filbert

6. DATE OF BIRTH (month, day, year) July 28th, 1866

7. AGE Years 68 Months 2 Days If LESS than 1 day ##### or ## min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William L. Maccubbin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Amanda V. McComas

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William L. Filbert (Son)
(Address) 2155 Mt. Holly Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Oct. 1st, 1934

19. UNDERTAKER George J. Luthe Jr. Interstate Funeral
(Address) 1235 Harlem Ave

20. FILED Sept 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28th, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1934 to Sept 28 1934

I last saw her alive on Sept 27 1934 Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis of Myocardial insufficiency and myocarditis about 1 yr.

Date of onset

Other contributory causes of importance:

Decubitus ulcer, with chronic nephritis complicating general condition

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

Spec.—9-30—A. & Co.—250 Blks

F 05187

05187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2014 E. Monument St. ST. 701 WARD 1

2 FULL NAME Louis John Safranek

(a) RESIDENCE NO. 2014 E. Monument St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 24, 1933 Twins

7 AGE: Years — Months: 9 mos — Days: 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Louis Safranek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Bertha Wade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Louis Safranek (Address): 2014 E. Monument St.

15 [illegible] 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

0

16 DATE OF DEATH (month, day, and year): Sept. 28, 34

17 I HEREBY CERTIFY, That I attended deceased from 9-14-34, to 9-28-34

that I last saw h[illegible] alive on 9-28-34

and that death occurred, on the date stated above, at 3:00 A. M.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Gram of Sarcina

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S. Hellwig M. D.

9-28-34 19 (Address) 2114 Hazel St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 30 19 34

20 UNDERTAKER: Frank Grach & Son 1916 Eastwood — ADDRESS

91934

H. D. B 1268-9

F 05188

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05188

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Ulrich

(a) Residence: No. 3521 Esther Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 27, 1934

AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. Father John Wedenel Ulrich

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Blanch Haas

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT M. J. F. Ulrich

(Address) 3521 Esther Place

BURIAL, CREMATION, OR REMOVAL

Place Fun Lawn Cem Date Sept. 29 1934

UNDERTAKER J. J. Feldmann & Son

(Address) 31 S Broadway

SEP 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1.36 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity-(7 mons Gestation)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 506 E Monument

Cor.—13-9-33—A Co.—200 Bks.

F 05189

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05189

CERTIFICATE OF DEATH.

✓167

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospitals St., 27 Ward)

2-FULL NAME Frederick Roetzel

(a) RESIDENCE NO. 741 So. Conkling Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Roetzel

7 DATE OF BIRTH (month, day, and year) October 22, 1887

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	5	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocerman

(b) General nature of industry, business, or establishment in which employed (or employer) A & P.

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Gustav Roetzel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Katherine Roetzel

(Address) 741 So. Conkling St

15 Date received SEP 30 1934 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot wound of Brain Suicide

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) S. P. Hershey M.D. M. D. (Coroner)

Sept. 1934 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. Date of Burial 10/1/1934

UNDERTAKER J. Heumann & Son ADDRESS 32 S. Broadway

M. D. B 1268-9

F 05190

05190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No. 3-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Poole (Raymond Feldar Poole)

(a) Residence: No. 2124 Bolton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Poole

7. DATE OF BIRTH (month, day, year) May 8, 1895

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corkran Hill & Co., Inc

10. Date deceased last worked at this occupation (month and year) August 29, 1934

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Tarr Penn.

13. NAME John F. Poole

14. BIRTHPLACE (city or town) (State or country) Tarr, Penn.

15. MAIDEN NAME Emma Feldar

16. BIRTHPLACE (city or town) (State or country) Tarr Penn

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Scottdale, Pa. Date Sept. 30 1934

19. UNDERTAKER Joseph Hook

(Address) 1003 W. Baltimore St.

Registered No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1934 to Sept 29 1934

I last saw h[illegible] alive on Sept 28 1934 Death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

Crushed 3rd finger & Rt. Hand — Date of onset 8 29 34

Other contributory causes of importance:

Cellulitis of Rt. Hand — 8 30 34

Septicemia Hemolytic Streptococcus — 9 28 34

Name of operation Amputation of 3rd finger (Date) 9-25-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8 29 1934

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury Caught finger in Refrigerator

Nature of injury Crushed Finger

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Proctor M. D.

(Address) Md Gen Hospital

9 30 1934

M. D. B. 13

F 05192

F 05191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. William J. Gilbert

(a) Residence: No. Emporium, Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 1, 1870

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hancock N.Y.

13. NAME Clayton Gilbert
14. BIRTHPLACE (city or town) (State or country) Hancock N.Y.

15. MAIDEN NAME Ella Griffith
16. BIRTHPLACE (city or town) (State or country) Cogsland N.Y.

17. INFORMANT Brother
(Address) Andes N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Rochester N.Y. Date Sept 29 1934

19. UNDERTAKER John C. Miller
(Address) 2433 E. Oliver St.

20. FILED ... 19... Registrar

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1934 to Sept 29 1934.
I last saw him alive on Sept 28 1934 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cheek	Feb 1933
Cerebral Hemorrhage	Sept 29 1934
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation Ligation of Ext. Carotid Date of Sept 29

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles H. Cooley Jr. M. D.
(Address) Union Memorial Hospital

F 05192

M. D. P. 1934 F 05192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 111-001

1. PLACE OF DEATH St. Agnes' Hosp. 15-01

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Solomon Mitnick

(a) Residence: No. 1713 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): 1890

7. AGE: Years 44 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md. U.S.A.

13. NAME: Jacob J. H. Mitnick

14. BIRTHPLACE (city or town) (State or country): Lithuania

15. MAIDEN NAME: Bessie R. S. Schriber

16. BIRTHPLACE (city or town) (State or country): London Eng

17. INFORMANT: Ida Mitnick

(Address) 1713 N. Pulaski st

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Friendship Date 9-30-34 19

Place

19. UNDERTAKER: Jack Levin Joe

(Address) 1739 E. Balto St.

FILED 1934 [illegible] Registrar

GU 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-21, 1934 to 9-28, 1934

I last saw him alive on 9-28, 1934 Death is said to have occurred on the date stated above, at 9 5/8 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl G Merkel M. D.

(Address) 3 Edgewood

F05193

H. D. P. 2268-9

F05193 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-A Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Hyman Parcover

(a) Residence: No. 227 N. Milton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Levindale Date 9, 30, 34 19

19. UNDERTAKER Chas. Sumwalt Co.
(Address) 1321 E. Eager St.

20. FILED Huntington Williams, Mgr.

F 0 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-23- 1934. to 9-29 1934.

I last saw him alive on 9-29 1934. Death is said to have occurred on the date stated above, at 2:01 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic myocarditis	
Cardiac hypertrophy and Dilatation	
Cardiac asthma	

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard A. Abramovitz M. D.

(Address) Sinai Hospital

H. D. B. 1268-9

B 05194

5 05194 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Berman

(a) Residence: No. 1708 W. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Map

7. DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel J. Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Belda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address) Friendship Cem.

18. BURIAL, CREMATION, OR REMOVAL Friendship Cem. Date 9/30/37 19

19. UNDERTAKER Geo. Lee

(Address) 1439 E. Balto St.

19 1934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 23, 1937, to September 28, 1937

I last saw her alive on September 28, 1937 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardiac dilatation + hypertrophy	
Uremia	
Bronchopneumonia - type undetermined	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Saul W. Spear M. D.

(Address) Sinai Hospital

M. D. B. [illegible]

F 05195

2905 F 05195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05195

X 53

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Vetrone

(a) Residence: No. 1049 W 31st St., Ward. Erie Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-2-1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Frederick Vetrone

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Anne Mazzeo

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Erie, Pa. Date Sept. 30 1934

19. UNDERTAKER John C. Metzel & Son

(Address) 1900 Eutaw Place

[illegible] 19 ... Registered

SEP 30 1934

Attending Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934 to Sept 29, 1934

I last saw him alive on Sept 29, 1934 Death is said to have occurred on the date stated above, at 935 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1933

Other contributory causes of importance:

Name of operation. Rt. Craniotomy Date of 9-29-34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul A. Kimmel, M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

F 05196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05196

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Mosher St. St. 16-01 (Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Giesinger

(a) Residence: No. 1934 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gretchen Giesinger (nee Schmitt)

7. DATE OF BIRTH (month, day, year) Feb. 5, 1857.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surgical Instruments

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Samuel Giesinger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Giesinger

(Address) 1934 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 2, 1934

19. UNDERTAKER Harry F. Wilke

(Address) 4101 Edmondson Ave.

20. [illegible] Registrar.

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to Sept 28, 1934

I last saw him alive on Sept 28, 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Sclerosis	

Other contributory causes of importance:

Cardio Renal Trouble	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Thomas Hobson, M. D.

(Address) 1001 N. Fulton Ave.

M. D. B. 1934

F 05197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05197

CERTIFICATE OF DEATH

✓ 194-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 15-01 Ward)
Length of residence in city or town where death occurred 29 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Cremeen

(a) Residence: No. 1814 Whitemore Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret H. Fee

DATE OF BIRTH (month, day, year) Aug 17-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Cornelius Cremeen

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emily E. Kelley

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. H. Cremeen
(Address) 1814 Whitemore Ave

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 1, 1934

UNDERTAKER J. B. Tippett & Son
(Address) 1300 Eutaw Place

Registrar.

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-1934

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to lacerated wounds of legs. 9 hours

Date of onset 9/26/34

Other contributory causes of importance:

Shock

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/26. 1934

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Welding gasoline tank which exploded.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured at work

(Signed) Eugene Feldt M. D.
Coroner

(Address) 2139 Eastern Ave.

D. B. 1268-9

F 05198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05198

CERTIFICATE OF DEATH

✓184

Registered No. 18-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas P. Neiler.

(a) Residence: No. 1008 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) February 24, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.B.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Paul A. Neiler.

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Bridget Noonan.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Bridget Neiler. (mother)
(Address) 1008 W. Pratt St.

BURIAL, CREMATION, OR REMOVAL
Place Rear Cathedral Date 10/1/ 1934

UNDERTAKER John J. Logan & Son
(Address) Funeral Director
Registrar.

FILED
30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidental pistol shot wound of the abdomen. Peritonitis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/21/34 19

Where did injury occur? 1102 W. Combard st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home.

Manner of injury Pistol shot wound

Nature of injury " " " Peritonitis

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.

10/29/34 (Address) 1017 E. Charles st. Coroner

M. D. B. 1266-9 F 05199 F 05199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

W 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home + Infirmary 6-01

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred life yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Minnie Bazemore

(a) Residence: No. St., Essex Ward. Balto Co., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Robert Chabette

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Eliz. Gerbe

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mr. L. Bazemore

(Address) Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakleaf Cem. Date 10/1 34

19. UNDERTAKER Enoch A. Fahey

(Address) Frederick Ave + Fayette

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1934 to Sept 27, 1934

I last saw her alive on Sept. 27, 1934 Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulonephritis	?
Other contributory causes of importance: Cerebral hemorrhage	9/23/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard V. Hauver M. D.

(Address) Church Home + Inf.

F 05200

M. D. H. 126

F 05200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St., 12 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Schiner

(a) Residence: No. 2426 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If ~~wife~~ widowed, ~~wife~~ of HUSBAND of ~~late~~ Mary Schiner

7. DATE OF BIRTH (month, day, year) Jan 6, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoemaker 0 yr

10. Date deceased last worked at this occupation (month and year) 9 yr

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Bridgeton New Jersey

13. NAME OF FATHER William Schiner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER William Gisker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cape May N.J. Date Sept 30 1934

19. UNDERTAKER J. Wm Cook
(Address) 1217 St. Paul St

20. FILED SEP 31 1934 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Sept 29 1934

I last saw him alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Arteriosclerosis Hypertension

Date of onset 6-8-34

Other contributory causes of importance:

Chronic nephritis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm H Barnard M. D.

(Address) Maryland Gen Hosp

M. D. R. 1268-9

F 05201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05201

CERTIFICATE OF DEATH

124-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2838 Parkwood Ave (Ward) 43rd

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Bowen

(a) Residence: No. 2838 Parkwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Frank P. Bowen

DATE OF BIRTH (month, day, year) Mar 24th 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Jefferson Md.

13. NAME Wilson A. Kolb

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary J. Swann

16. BIRTHPLACE (city or town) (State or country) Shepherdstown Va

INFORMANT Chas. F. Bowen

(Address) 2838 Parkwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 1st 1934

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

[illegible] 1934 [illegible]

SEP 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 28 1934.

I last saw [illegible] alive on Sept 28 1934 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis, Acute Hypertrophy of Heart,	
Other contributory causes of importance: Arterio Sclerosis, Cirrhosis of Liver	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Martin A. Shook, M. D.

(Address) 20 W. Fayette St.

F 05202

D. B. 1263-8

F 05202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-001

Registered No. 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Sinai Hosp St., Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Wells

(a) Residence: No. 1232 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo Wells

DATE OF BIRTH (month, day, year) July 15 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Geo Lenhart

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Wolf

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Elaste Bruntz

(Address) 1232 E. North Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 10 1934

UNDERTAKER William Ewalt

(Address) 1217 E. Fayette St

FILED Oct 10 1934 Registrar

39193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1934 to Oct 8 1934

I last saw h alive on Oct 7 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Date of Death

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation None Date of

What test confirmed diagnosis Regular Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Feldt M. D.

Coroner

(Address) Baltimore

M. D. B. 1268-4 F 05203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05203

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1123 Forest St., 10-61 Ward)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lida Laura Shipley

(a) Residence: No. 1123 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas W. Shipley

DATE OF BIRTH (month, day, year) May 2nd 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) White Hall
(State or country) Balto Co. Md.
13. NAME J. Henry Wiers
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Amanda Burns
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Chas W. Shipley
(Address) 1123 Forest St
18. BURIAL, CREMATION, OR REMOVAL
Place Bells Date Oct 2nd, 1934
19. UNDERTAKER Wm Cook
(Address) 240 St Paul St
Baltimore Williams Ave
Registrar

DEC 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from about 1924 to 1925 to Sept 29, 1934
I last saw her alive on Sept 29, 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cirrhosis Intestinalis	2.
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert Talmage, M. D.
(Address) 1216 E. Preston St

M. D. F. 12682 F 05204

F 05204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Luzerne Ave Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anne Shock

(a) Residence: No. 1501 N. Luzerne Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John W. Shock

7. DATE OF BIRTH (month, day, year) Mar 17th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept 1939 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Mullen

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McCann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John W. Shock

(Address) 1501 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 1st 1934

19. UNDERTAKER Wm Bolk

(Address) 1217 St Paul St

FILED Oct 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1930 to Sept 28 1934

I last saw h[illegible] alive on Sept 28 1934 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 1934

Other contributory causes of importance:

Hypertension	1930 Sept

Name of operation — Date of

What test confirmed diagnosis? Physical Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. E. Slatter M. D.

(Address) 1501 N. Washington

H. D. B. 1248-8

F 05205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05205

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 743 Poplar Grove (St.) 16-01 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Tyrhoff

(a) Residence: No. 743 Poplar Grove St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank L.

DATE OF BIRTH (month, day, year): May 17-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Wm Naughton

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary —

16. BIRTHPLACE (city or town) (State or country): Ireland.

INFORMANT: Frank L. Tyrhoff

(Address): 743 Poplar Grove

BURIAL, CREMATION, OR REMOVAL

Place: New cathedral Date: 6/1/34 19

UNDERTAKER: H. C. Brannon Sons

(Address): 1134 Poplar Grove St

FILED: Registrar

5 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28 cc. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 cc. 1934

I last saw h. alive on Sept 19 cc. 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Fisk M. D.

(Address) Coroner

F 05206

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 05206

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

87-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. Lauriel Howard ST.. WARD)

2-FULL NAME 3020 Woodland Ave

(a) RESIDENCE. No. 3020 Woodland Ave. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 ~~Single~~, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E Howard

6 DATE OF BIRTH (month, day, and year): Nov 19 1848.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85		9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pocomoke city Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pocomoke city

12 MAIDEN NAME OF MOTHER: married Pocomoke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pocomoke city

14 Informant: W. Howard Son (Address) 3020 Woodland ave

15 Filed 9 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sep 29 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 24. 1934. to Sep 29. 1934.

that I last saw h[illegible] alive on Sep 29. 1934.

and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) John D Bubert M. D.

19 (Address) 3608 Segura Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 10/1/34

20 UNDERTAKER: H C Bramwood Son — ADDRESS 1136 Pulton Ave

M. D. B. 1234-9 E 05207 F 05207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-007

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Longwood St., 20-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 5 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Otto Christian Hinternesch

(a) Residence: No. 531 N. Longwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Hinternesch

6. DATE OF BIRTH (month, day, year) Oct 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Christian Hinternesch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Marie Hinternesch
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place N. Hom Valentine Date Oct 1, 1934

19. UNDERTAKER Jowell & Byrne Inc.
(Address) 2424 Edmondson Ave.

20. FILED ..... 19..... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1934 to Sept 27, 1934
I last saw him alive on Sept 27, 1934 Death is said to have occurred on the date stated above, at 10.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-20-34
arteriosclerotic Cardiovascular disease	

Other contributory causes of importance:
arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. L. Contract M. D.

(Address) 2525 Edmondson Ave

F 05208

M. D. B. 1868-9 F 05208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 22-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vivian Trimper

(a) Residence: No. 521 Forsyth Street St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 8, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ernest Trimper

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Florence Hullen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ernest Trimper

(Address) 521 Forsyth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Oct 1 1934

19. UNDERTAKER Towell & Byers

(Address) 2824 Edmondson Ave.

20. FILED 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1934 to 9-28 1934

I last saw her alive on 9-28 1934 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Influenza Meningitis	9-19-34

Other contributory causes of importance:

Broncho pneumonia - left	9-9-34

Name of operation None Date of

What test confirmed diagnosis? lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles A. Conley M. D.

(Address) Union Memorial Hospital

I. D. F. 1208-9

F 05209

48 F 05209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena B. Gorsuch

(a) Residence: No. 1715 W Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widowed

3. If married, widowed or divorced HUSBAND of (or) WIFE of Jacob Stookey

DATE OF BIRTH (month, day, year) Oct. 16, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME F. H. Lowell North Carolina

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Fanny Bowers North Carolina

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Zebulon, N.C.

Place Thurchakel Cem. Co. Date Oct. 1 1934

UNDERTAKER Walter Davis

(Address) 34 18 Edmondson Ave.

FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH 29.

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1934 to Sept 29 1934

I last saw h[illegible] alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 5.35 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus & Regional Metastasis — Date of onset: ...

Other contributory causes of importance:

Broncho pneumonia — Date of onset: 9/26/34

Name of operation Emp. & Radium Date of 7-6-34

What test confirmed diagnosis Biopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lowell H. Leach M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

F 05210

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05210

13-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolores Piaskowski

(a) Residence: No. 916 South Wolfe Street St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - -

DATE OF BIRTH (month, day, year) January 2nd/1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Rozalijan Piaskowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Josephine Lecardio

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Josephine Piaskowski

(Address) 916 S. Wolfe Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary CEM, Date Oct 1st, 1934

UNDERTAKER George A Weber

(Address) 705 S Ann Street

FILED Oct 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset

Other contributory causes of importance:

Acidosis-Dehydration

Dysentery (Type undetermined)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. F 05211 F 05211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 Eastern Ave St., 1-01 Ward)

Length of residence in city or town where death occurred 36 yrs. mos ds. How long in U. S. If of foreign birth 56 yrs. mos ds.

2. FULL NAME Clara Slomba

(a) Residence: No. 2433 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced XXXXXXXX XXX WIFE of John Slomba

7. DATE OF BIRTH (month, day, year) Aug, 12th/1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	I	I6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Zabawa

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Solomeja Hodur

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. John Slomba

(Address) 2433 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Place St, Stanislaus Date Oct, Ist 34

19. UNDERTAKER George A Weber

(Address) 704 S Ann street

20. DATE 1-1934 Funeral Home, Inc. Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept, 28th 34

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1934 to Sept. 28, 1934

I last saw h alive on Sept. 27, 1934 Death is said to have occurred on the date stated above, at 5-22 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept. 22, 1934

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J Kroger M. D.

(Address) 760 Eastern Ave.

M. D. B. Form 5 — 05212 — F 05212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Balto City Hospt — Registered No. V62

CITY OF BALTIMORE: (No. Balto Md. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME George Brunson

(a) Residence: No. 1725 Ashland Ave. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (~~or WIFE of~~): Julia

6. DATE OF BIRTH (month, day, year): 9-4-07

7. AGE — Years: 27 — Months: 2 — Days: 25 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. Carolina

13. NAME: Walter Brunson

14. BIRTHPLACE (city or town) (State or country): S. Carolina

15. MAIDEN NAME: Anna Smith

16. BIRTHPLACE (city or town) (State or country): S. Carolina

17. INFORMANT: Records (Address): Balto. City Hospts

18. BURIAL, CREMATION, OR REMOVAL — Place: Forks ville S. Carolina Date: 9th 1934

19. UNDERTAKER: Milton Dorris (Address): Forks ville S. Carolina

FILED 9-1-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/29/34

22. I HEREBY CERTIFY, That I attended deceased from 9/23/34 to 9/29/34

I last saw him alive on 9/29/34 Death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobular Pneumonia	9/23/34
2. Pellagra	7/14/34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary Gregory M. D.

(Address) Baltimore City Hospitals

F 05213

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05213

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 728 Penna Ave St., 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Geo. Edw. Sydnor

(a) Residence: No. 728 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 24-1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	2	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Walter Sydnor

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME OF MOTHER Sadie Mackey

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Leroy Lowrey
(Address) 728 Penna Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 1 1934

UNDERTAKER Elroy O. Wilson
(Address) 1000 Brantley ave

FILED Nov 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 34, 19

I last saw h alive on Sept 19 34 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner M. D.

(Address) Coroner

M. D. B. 1268-9

F 05214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05214

CERTIFICATE OF DEATH

157-004

Registered No. _____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., BALTIMORE, MD. Ward) 3-04

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William A. Kirby Jr.

(a) Residence: No. 124 South Eden St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — —

DATE OF BIRTH (month, day, year) July 24 1934

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	0	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Wm. A. Kirby sr.

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. MAIDEN NAME Carrie Hohenberger

15. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mr. Wm. A. Kirby Sr. (Father)
(Address) 124 S. Eden St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date Oct. 1. 1934

UNDERTAKER HENRY SANDER & SONS, INC. Henry F. Sander.
(Address) Baltimore & Broadway.

FILED ____ 19__ _____ Registrar

1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29 1934

22. I HEREBY CERTIFY, That I attended deceased from September 1. 1934 to September 29 1934

I last saw him alive on September 29. 1934. Death is said to have occurred on the date stated above, at 1:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Congenital hypertrophic pyloric stenosis	
2. Malnutrition	
Other contributory causes of importance:	

Name of operation Pyloroplasty Date of 9-7-34

What test confirmed diagnosis? Oper. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state why

(Signed) Wm. A. Kirby M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D. P. 1268-9

F 05215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05215

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S Oldham St., 7 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rufina Allen

(a) Residence: No. 524 S Oldham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Allen

DATE OF BIRTH (month, day, year) Jan 3 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME — Fink

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Herbert Allen

(Address) 524 S Oldham

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct 2, 1934

UNDERTAKER A. Sanders Sons Inc

(Address) 1710 Pleasant St

FILED ....., 19.... Registrar

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S S Herzog M D M. D.

Coroner

(Address) 1305 N Patterson Park

F 05216

H. D. 2 1200 F 05216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-02

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lan. Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jno Wheeler

(a) Residence: No. 220 E 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 23-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Superior Court
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jno. C. Wheeler

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sophia Medinger

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Grace Patterson

(Address) 220 E 22 St

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Oct 2 1937

UNDERTAKER Harry M. Ehlen

(Address) 1944 W. Lanvale St

FILED 1937 Registrar.

1-1351

Dr. Augusta Fickert, U.S. Col. Wash.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-37

22. I HEREBY CERTIFY, That I attended deceased from 9-28-37. 19 . to 9-29-37. 19 .

I last saw h.[illegible] alive on 9-27-37. 19 . Death is said to have occurred on the date stated above, at 1.25 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardio Cardiosclerosis	Unknown
Anuria	

Other contributory causes of importance:

Acute dilatation of Heart	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) Lanvale & Eutaw

M. D. B. 1288-9 F 05217

F 05217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 Wyo Ave & Kenwick St., 13-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nancy Jane Beasley

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Alfred J. Beasley

6. DATE OF BIRTH (month, day, year) July 7, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME John H. McGrath

14. BIRTHPLACE (city or town) (State or country) Fairhaven Ma.

15. MAIDEN NAME Annie Frazier

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Oct 1, 1934

19. UNDERTAKER Wm. J. Tickerton
(Address) North & Pine

OCT 1 - 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934 to Sept 27 1934

I last saw her alive on Sept 27 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Other contributory causes of importance: Cardio Vascular Disease.	1930
Hemiplegia.	
Diabetes Mellitus	1927

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, (Signed) H. W. B. Mayo M. D.

(Address) Medical Arts Bldg

F. D. B. 1268-9

F 05218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05218

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Woodbrook Ave 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Sidonia Roop

(a) Residence: No. 2819 Woodbrook Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If ~~married~~, widowed, or ~~divorced~~

~~HUSBAND~~ (or) WIFE of Frank P. Roop

DATE OF BIRTH (month, day, year) March 11-1859

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Jackson Bond

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Mary A. Fowble

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bond Roop (Address) 2819 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Emory Cemetery Date Oct 2 1934

19. UNDERTAKER Edw. D. Tipton (Address) Hampstead Md

20. Filed ... 19... by ... Registrar.

OCT 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Sept 25 1934

I last saw her alive on Sept 25 1934 Death is said to have occurred on the date stated above, at 10, A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of face	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred C ..... M. D.

(Address) 2516 Penna Ave

M. D. B. 2268-9 F 05219

F 05219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH West Baltimore Gen. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 13-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Ernestine Gross

(a) Residence: No. 1545 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of August Gross

6. DATE OF BIRTH (month, day, year) Nov. 25, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Kiona

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. August Gross

(Address) 1545 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Oct 3. 1934

19. UNDERTAKER J. H. Fletcher & Son

(Address) 1001 Fulton Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1934, to Sept 30, 1934

I last saw h. ~~or~~ alive on Sept 30, 1934. Death is said to have occurred on the date stated above, at 4 45 ~~P.M.~~ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	

Other contributory causes of importance:

Annular growth about Sigmoid

Name of operation Colostomy Date of Sept 29

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

Space to left for Index No.

F 05220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05220

CERTIFICATE OF DEATH.

V 93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2407 Rogers av ST. 27-01 WARD)

2-FULL NAME William A Eisenbrandt

(a) RESIDENCE NO. 2407 Rogers av ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred always yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elise S. Eisenbrandt

6 DATE OF BIRTH (month, day, and year): Feb 9 1861

7 AGE: Years 73 Months 7 Days 20 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer): Musical Instruments

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: H R. Eisenbrandt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Emma Hild

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alsace Lorraine

14 Informant (Address): Mrs Lambert 2407 Rogers av

15 Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29th 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1934, to Sept 29, 1934, that I last saw h[illegible] alive on Sept 24th, 1934, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart
Oedema of lungs

(duration) yrs. mos 29 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph E. Chenoweth M. D.

, 19 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Oct 1 1934

20 UNDERTAKER: Stewart Morris Co

ADDRESS: 1081 W Nth

M. D. B 1268-9 F 05221

F 05221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S. Clinton St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie E. Furlong

(a) Residence: No. 313 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Furlong

6. DATE OF BIRTH (month, day, year) March 18 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	8 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co., Va.

13. NAME Robert Miner

14. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

15. MAIDEN NAME Ella V. Raines

16. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

17. INFORMANT Lorna V. Freberg

(Address) 313 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem. Date Oct 1 1934

19. UNDERTAKER George W. Sinkler

(Address) 1737 E. Eager St.

20. FILED 1-1934 Huntington Thomas K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3 1934 to Sept. 28 1934

I last saw her alive on Sept 27 1934. Death is said to have occurred on the date stated above, at 4.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Sclerosis	Unknown
Other contributory causes of importance: Cerebral Hemorrhage	Sept 9 1934

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Artigiani M. D.

(Address) 2942 Fayette E.

M. D. B. 1269-9 F 05222

F 05222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Roland Ave St., 13-01 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John H. Broomall.

(a) Residence: No. 3917 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Broomall

6. DATE OF BIRTH (month, day, year) Aug 27, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware.

MOTHER'S MAIDEN NAME

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah E. Broomall.
(Address) 3917 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Date Oct 1, 193[illegible]

19. UNDERTAKER Thurnwald Son.
(Address) 3615-17 Chestnut Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934 to Sept 28, 1934

I last saw he alive on Sept 28, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept 7 1934
Arteria Sclerotic heart	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) [illegible] M. D.

(Address) 1020 N Charles

M. D. B. 1268-9 F 05223 F 05223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 1600 Ward) ?

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Napoleon Pitts

(a) Residence: No. ? St., Ward. ?

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Gen. Oct 1

Place Mount Hill M E. Date Sept 30 1934

UNDERTAKER Fredk. Lassahn & Son

(Address) 2401 Belair Rd

FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27. 1930. to Sept 28. 1934

I last saw h[illegible] alive on Sept 28. 1934. Death is said to have occurred on the date stated above, at 3-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of Central Nervous System	15 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagier M. D.

(Address) Balt City Hosp.

AACo. 5-31 2M B F 05224

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05224

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Chatham Road St. 15-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adeline Elizabeth Burns

(a) Residence: No. 3903 Chatham Road St. ... Ward. ...
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
(or) WIFE of Harry H. Burns

DATE OF BIRTH (month, day, year) Oct 9 - 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	88	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Easton

14. BIRTHPLACE (city or town) (State or country) Lexington Va

15. MAIDEN NAME Anne Easton

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

INFORMANT Mary J. Maclachlan
(Address) 3903 Chatham Road

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 1, 1934

UNDERTAKER Stephen J. Forrest Inc
(Address) 4 E. Franklin St

FILED Oct 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1934 to Sept 29, 1934

I last saw her alive on Sept 29, 1934 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Cardiac Decompensation Senility.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Walter Stonnier M.D.

(Address) 3603 Edmondson Ave

M. D.

F 05225

F. D. B. 1268-9

5225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 125-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Schained.

(a) Residence: No. 541 Gold St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 6, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	20.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME Isaac Schained.

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT William Schained

(Address) 541 Gold St.

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date 9/1/34 19

UNDERTAKER Mr. George H. Holland

(Address) 1631 Druid Hill Ave

FILED 11-1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26. 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/9. 1932 to 9/26. 1934

I last saw h[illegible] alive on 9/26. 1934 Death is said to have occurred on the date stated above, at 7:45 p m.

The principal cause of death and related causes of importance were as follows:

Atrophy of liver

Cirrhosis

Duration of sympt. 2 mos. (?)

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Walter A. Wells. M. D.

(Address) Balto. City Hosp.

M. D. R. 1268-9

F 05226

F 05226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Glover St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A. Schwenke

(a) Residence: No. 609 N. Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leo Schwenke

7. DATE OF BIRTH (month, day, year) May 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME OF FATHER Peter Zuster

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME OF MOTHER Rosa Kerr

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Jos. F. Schwenke

(Address) 811 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date Oct 2 1934

19. UNDERTAKER The Holmes Co

(Address) 2017 Eutaw Place

FILED Oct 1 1934 Wm. J. Williams M.D.

T1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 1934 to Sept 29 1934

I last saw h[illegible] alive on Sept 29 1934 Death is said to have occurred on the date stated above, at [illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	May 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Raymond M. D.

(Address) 804 Kenwood Ave

M. D. B. 12-29 F 05227

F 05227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Kentucky Ave St. 8-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lora A Bennecke

(a) Residence: No. 2424 Kentucky Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Bennecke

DATE OF BIRTH (month, day, year) June 6 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mary Hofmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Heiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Bruen

(Address) 2424 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct 1 1934

19. UNDERTAKER John Wagner & Son

(Address) West Baltimore

20. FILED 1934 [illegible] or Registrar.

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to Sept 29 1934

I last saw h alive on Sept 26 1934 Death is said to have occurred on the date stated above, at 4 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Edward Schmuck M. D.

(Address) 4702 Harford Road

D. B 1268-9

5228 HEALTH DEPARTMENT—CITY OF BALTIMORE

M 205228

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Anderson

(a) Residence: No. Wise Ave n. North Pt. Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Sept. 17-1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	—	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School oo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. md.

13. NAME Joseph Anderson

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

15. MAIDEN NAME Marie Boyd

16. BIRTHPLACE (city or town) (State or country) Coney Island New York

INFORMANT (Address) Mr. Joseph Anderson Wise Ave. n. North Pt. Rd

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct. 3, 1934

UNDERTAKER (Address) John B. Connelly Essex md.

FILED Oct 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from injury, 19..., to injury, 19... I last saw h... alive on injury, 19... Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/1/1934

Where did injury occur? Wise Ave & North Pt Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto, while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

(15229)

HEALTH DEPARTMENT—CITY OF BALTIMORE

15229

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospt. St., 20-01 Ward)

Length of residence in city or town where death occurred 1½ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Leo Parish

(a) Residence: No. 2012 Boyd St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) 7-1-34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	2 mo.	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Parish

14. BIRTHPLACE (city or town) (State or country) Balt. Md

15. MAIDEN NAME Esther Gover

16. BIRTHPLACE (city or town) (State or country) Howard Co.

INFORMANT William Parish

(Address) 2012 Boyd St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Oct 1st 1934

UNDERTAKER George L. Lehnert

(Address) 2101 Frederick Ave

(Signed) ... Registrar.

OCT 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30-34

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1934 to Sept. 30, 1934

I last saw him alive on Sept. 30, 1934 Death is said to have occurred on the date stated above, at 12 20/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9-28-34
Malnutrition	8-20-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Daniel S. Shanahan, M. D.

(Address) Bon Secours Hospt.

M. D. F 1268-9

F 05230

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05230

CERTIFICATE OF DEATH

✓ 177

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S Clinton St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Bucki

(a) Residence: No. 227 S Clinton St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 5 1932

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edw B Bucki

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Marie Roscella

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Amanda Roscella

(Address) 227 S Clinton

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Oct 1 1934

19. UNDERTAKER John Lewis

(Address) 1200 Allen

Filed Oct 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934 to Sept 29, 1934

I last saw him alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	9-29-34
Gastro Intestinal Inflammation	9-25-34
Possible food poisoning	9-22-34

Verified and Approved Jeff L Valentine M.D. 10-2-34

Other contributory causes, and importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jeff L Valentine M. D.

(Address) 5010 Greenleaf Road

T1-1934

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05231

05231

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Lansing Av St., 8-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Frank J. Coufal

(a) Residence: No. 1700 Lansing St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Coufal

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Coufal

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Coufal
(Address) 1700 Lansing Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 2 19 34

19. UNDERTAKER Frank Leach & Son
(Address) 906 Cathedral St

20. FILED 19 Registrar.

1-1934 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Sept 29 1934
I last saw him alive on Sept 27 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 29

Other contributory causes of importance:

Chronic Nephritis
Hypertension
Cirrhosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. M. Rowsey M. D.
(Address) 1212-11 Broadway

D. B 1268-9

F 05232

HEALTH DEPARTMENT—CITY OF BALTIMORE

05232 ✓ 183

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water at 24-01

CITY OF BALTIMORE: (No. Foot of Andre St. St., 24-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME Joseph Gorlewski.

(a) Residence: No. 1339 Andre St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or ~~divorced~~ HUSBAND of ~~WIFE~~ (~~Name~~) ~~Name~~ Mary Gorlewski.

6. DATE OF BIRTH (month, day, year) March 19, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore. 01

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Stella Malinowski.(daughter)

(Address) 1339 Andre St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 2. 19[illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found September 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: | Date of onset

~~Drowning~~ ~~Suicide~~

Probably Accidental Drowning

I see reason

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Leinhardt Coroner, M. D.

10/1/34 (Address) 1017 E. Charles St.

M. D. P. 1268-9

F 05233

5233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+122-002

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Md. St. 12-C (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Green

(a) Residence: No. 2340 North Orianna St., Philadelphia, Pa. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 18, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-8-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

13. NAME Daniel Green

14. BIRTHPLACE (city or town) (State or country) London ? England

15. MAIDEN NAME Elizabeth Tingy

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys, Hampden Date Oct. 1 1934

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

20. FILED , 19 Registrar.

1934 APP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1934, to September 28, 1934

I last saw him alive on Sept. 28, 1934 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction from internal causes	8-14-34
Perforation of intestine, cause undetermined	8-21-34
Other contributory causes of importance:	
Peritonitis, acute, general	9-21-34

Name of operation Colostomy and anastamosis Date of 9-21

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) U.S. Marine Hospital, Balto.

F 05234

05234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 11-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Jackson

(a) Residence: No. 426 Biddle St., Ward. X (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 26, 1933

7. AGE: Years 1 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Viola Bradford

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) Viola Jackson 426 N. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Oct. 2 19 34

19. UNDERTAKER (Address) Jere W. Peddicord 1436 W. Biddle St.

20. FILED 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-34 19

22. I HEREBY CERTIFY, That I attended deceased from 9-12-34, 19, to 9-29-34, 19

I last saw her alive on 9-29-34, 19. Death is said to have occurred on the date stated above, at 3:27 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Acute Obstructive enteritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Neal Rogers M. D.

(Address) President Hospital

F 05235

H. D. H. 1268-9

05235 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No. 16-01

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Mary Agnew

(a) Residence: No. 1115 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of J. Agnew (Dead)

7. DATE OF BIRTH (month, day, year) Nov 19 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Casper Poltz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katharine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Reynds (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Oct 2nd 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. Filed Sept 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1934 to Sept 27 1934.

I last saw her alive on Sept 27 1934. Death is said to have occurred on the date stated above, at 5 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Terminal Intoxication	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Magill M. D.

(Address) East City Hosp

OCT 1 1934

M. D. P. 1268-9

E 05236

5236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 160-001 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ hrs. yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Dunn

(a) Residence: No. Union Memorial Hosp. St., 103 Bartlett Ave Ward. B6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	X

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-2-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			30 m

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month, day, year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) Butte.
(State or country)

13. NAME Theresa Burke Kroft

14. BIRTHPLACE (City or town) Md.
(State or country)

15. ~~MOTHER~~ NAME S. N. Dunn

16. BIRTHPLACE (City or town) Md
(State or country)

17. INFORMANT Mrs. S. N. Dunn
(Address) 603 Bartlett ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10-4 1934

19. UNDERTAKER William Cook & Sons
(Address) 1217 St Paul

20. FILED 10-4-1934 Emma L. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2-34

22. I HEREBY CERTIFY, That I attended deceased from 12 Mn. 9:30 A 10-1-34, 19
I last saw him alive on 10-1-34 19. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	10-2-34

Other contributory causes of importance:

Baby born by Cesarean section

Name of operation Cesarean section Date of 10-2-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Hallinan M. D.

(Address) Union Mem. Hosp.

F 05237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4100 E Lombard St., 26 01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G Schmaus
(a) Residence: No. 726 S Potomac St., St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Mary Schmaus

DATE OF BIRTH (month, day, year) aug. 28 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Henry Schmaus(son)
(Address) 726 S Potomac st.

BURIAL, CREMATION, OR REMOVAL
Place Sacred Haerts Date Oct 3 . 1934

UNDERTAKER Lillie Feiler Jr
(Address) 1031 E Fayette st

Oct 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 . 1934 to Sept 30 . 1934
I last saw alive on . 19 . Death is said to have occurred on the date stated above, at 1.30pm

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Uremic Intoxication
Coma, Uremic

Date of onset

Other contributory causes of importance:

Cystitis
Arteriosclerosis

Name of operation Cystoscopy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
(Signed) [illegible] M. D.
(Address) 1500 Eutaw St

M. D. B. 1288-9

F 05238

05238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Fleete St., 1-at Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lina Savage

(a) Residence: No. 2528 Fleete St., L Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): Jan. 24 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: not employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: David Savage

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Ella Simmons

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Ella Savage (mother)

(Address): 2528 Fleete St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel cemt Date: Oct. 3rd ... 1934

19. UNDERTAKER: Lilly Zuley & Son

(Address): 1912 E. Baltimore St

20. FILED: Oct 1 1934 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 29 ... 1934

22. I HEREBY CERTIFY, That I attended deceased from March ... 1934 to Sept 29 ... 1934

I last saw her alive on Sept. 28 ... 1934 Death is said to have occurred on the date stated above, at 12 01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D. Lafoon, M. D.

(Address) 437 S. Patterson Park Ave

1934

W. D. B. 1268-9

F 05239

05239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916.S.Highland Ave. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred List yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gensler

(a) Residence: No. 712.S. Grundy St. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gensler

7. DATE OF BIRTH (month, day, year) ~~Dec~~ circ 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs George Hess (daughter)

(Address) 712 S Grundy St

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cemt. Date Oct 2, 1934

UNDERTAKER Lilly Zeiler Son

(Address) [illegible]

FILED 1934 Huntington Williams Nov

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1934 to Sept 29, 1934

I last saw h— alive on Sept 29, 1934 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Rosewood M. D.

(Address) 2529 Eutaw Pl

H. D. B. 1268-9

E 05240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 05240

V 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3120 Stafford St., 20-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Stafford Stevenson

(a) Residence: No. 3120 Stafford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, year) 9-30-34

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	hrs	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) 3120 Stafford St

13. NAME Mary Joseph Stevenson

14. BIRTHPLACE (city or town) (State or country) Rogers Ford Pa

15. MAIDEN NAME Nora May Moran

16. BIRTHPLACE (city or town) (State or country) New Castle Del

INFORMANT Mother

(Address) ...

BURIAL, CREMATION, OR REMOVAL Removal

Place Mt Olivet Cem Md Date Oct 1, 1934

UNDERTAKER ...

(Address) ...

FILED Oct 1, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1934, to 10-1, 1934

I last saw h[illegible] alive on 10-1, 1934 Death is said to have occurred on the date stated above, at 8:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (If so, specify) ...

(Signed) H. Alexander Lowe M. D.

(Address) 1516 Madison Ave

F 05241

M. D. B. F. No. F 05241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2691 St Benedict St. 70-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gick

(a) Residence: No. 2691 St Benedict St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Marie Gick

DATE OF BIRTH (month, day, year) May 5th 1862

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grunwald Pkg Co

10. Date deceased last worked at this occupation (month and year) Sept 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Gick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Marie Gick

(Address) 2691 St Benedict St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 3rd 1934

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

FILED Oct 3 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1 1934 to Sept 29 1934

I last saw h— alive on Sept 24 1934 Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Acute Cardiac Dilitation	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J Harry Glassman M. D.

(Address) 765 W. Lafayette Ave

F 05242

M. D. B. 1265-9

F 05242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 82-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Haines

(a) Residence: No. 807 S Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence

DATE OF BIRTH (month, day, year) April 5, 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME OF FATHER John Haines

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME OF MOTHER Sarah Brummel

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

INFORMANT Records

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place St Pauls (Arcadia Md) Oct 2nd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Oct 2 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933 to Sept 30, 1934

I last saw h[illegible] alive on Sept 30, 1934 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral Hemorrhage, related	4 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Physician, M. D.

(Address) Balt City Hosp

M. D. 31 1264 F 05243

F 05243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-001

Registered No. 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Chris England

(a) Residence: No. 5616 Pennington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia (divorced)

DATE OF BIRTH (month, day, year) July 14, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Christian England

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Sabers

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 2nd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Oct 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Sept 29 1934

I last saw h. alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 9.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sept 29	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagill M. D.

(Address) Balt City Hosp.

M. D. B. 12[illegible] F 05244

F 05244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2940 Guilford Ave Ward) 12-01

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Gertrude Waldkoenig

(a) Residence: No. 2940 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~(or)~~ WIFE of George Waldkoenig

DATE OF BIRTH (month, day, year) Mar 24 1870

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
64	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jacob Kach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Breithut

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rev A. C. Waldkoenig

(Address) 2940 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 3 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

10-2-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Feb 10th 1934 to Sept 30th 1934

I last saw ~~him~~ her alive on Sept 29th 1934 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Renal disease — Date of onset 2/10/34

Other contributory causes of importance:

Bronchopneumonia — 9/25/34

Name of operation None Date of

What test confirmed diagnosis? P. T. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Perlee M. D.

10/1/34 (Address) 1224 26 Hanover St

M. D. P. 1908-9 E 05245 F 05245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Maryland General Hosp
CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Dreyfus
(a) Residence: No. 3010 Iona Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Augusta Dreyfus

DATE OF BIRTH (month, day, year) Feb 20 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Meatpacking Co
10. Date deceased last worked at this occupation (month and year) Sept 1934
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Hospital records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date Oct 2nd 1934
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED Oct 2nd 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 21-2 A.M. 1934 to Sept 29-10 A.M. 1934
I last saw him alive on Sept 29 1934. Death is said to have occurred on the date stated above, at 10:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9-27

Other contributory causes of importance:
Diabetes

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Jno. F. Barnes M. D.
(Address) Maryland General Hosp

M. D. B. 1st-0 E 05246 Dennis E 05246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH 612 S Green St. Registered No.
CITY OF BALTIMORE: (No. 612 Green St. St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dennis
(a) Residence: No. 612 S Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Dennis
6. DATE OF BIRTH (month, day, year) 1873
7. AGE Years 61 Months Days If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Amelia Dennis
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Amelia Spriggs
16. BIRTHPLACE (city or town) (State or country) Md Md
17. INFORMANT Mary Wallace
(Address) 612 S. Green St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Oct 2, 1934
19. UNDERTAKER Walter B. Griggs
(Address) 1317 W. Pratt St.
20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934 to Sept 28, 1934
I last saw h alive on Sept 28, 1934 Death is said to have occurred on the date stated above, at 525 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:
Toxemia

Name of operation None Date of
What test confirmed diagnosis? Thymus Gland Autopsy
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. Thompson M. D.
(Address) 901 W Fayette St

M. D. B. F 05247

F 05247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: Little Sisters of the Poor 10-01 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death ocrurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Carroll

(a) Residence: No. 1200 Valley St St., ... Ward.
(Usual plare of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte Wadly

7. DATE OF BIRTH (month, day, year) 1852 1859

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Carroll.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Catherine Carroll.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sr. Stanislas. Sup.
(Address) 1200 Valley St. City

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 2. 1934

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED 10-2-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934 to Oct 1 1934
I last saw h. alive on Oct 1 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bronchopneumonia	6 Days

Other contributory causes of importance:
Asthma

Name of operation ..... Date of .....
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19 .....
Where did injury ocrur? (Sperify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public plare .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of dereased? No If so, specify .....

(Signed) L. Price Carter, M. D.
(Address) 1114 Harper Ave

F 05248

F 05248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Isaacs

(a) Residence: No. 2043 E. 31st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 5, 1934.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Leon P. Isaacs Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mrs. Josephine Isaacs

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Mercy Hospital

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/2 34

UNDERTAKER J J Flaherty & Son

(Address) 1318 Light St

FILED 193 Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 , 19 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1934 , 19 , to Oct 1, 1934 , 19 . I last saw him alive on Oct 1 , 19 34. Death is said to have occurred on the date stated above, at 6:55 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Sept 29 34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 05249

F 05249

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Lombard St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Alston

(a) Residence: No. 407 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Patsy Alston

DATE OF BIRTH (month, day, year) Nov 17-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	46	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or county) Norfolk Va

(State or country)

13. NAME OF FATHER Sonnie Alston

14. BIRTHPLACE (City or town) Va

(State or country)

15. MAIDEN NAME OF MOTHER Lizzie Smith

16. BIRTHPLACE (City or town) Va

(State or country)

17. INFORMANT Lizzie Alston

(Address) 407 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery Oct 2, 1934

19. UNDERTAKER Bernard F. Hemsley

(Address) 818 Druid Hill Ave

FILED 2-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-20-34, 19 to 9-29-34, 19

I last saw him alive on 9-29-34, 19 Death is said to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal syphilis Hemoplegia, Left side.	9/20/34
Other contributory causes of importance: Diabetes Mellitus	2 yrs (?)

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Yeomans M. D.

(Address) University Hospital

F 05250

M. D. F. 05250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Barnes

(a) Residence: No. 132 Montpelier St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 17, 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month, day, year) 3/15/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Clark

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lula Edwards

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Lula Brooks Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date 9/12/37

19. UNDERTAKER (Address) Bowles Easton 216 Pa Ave

20. FILED 9/14/37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1937, to Sept 26, 1937

I last saw h alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Chronic	?
Nephritis	?
Partial Laparotomy	Aug 37

Other contributory causes of importance:

Paralytic Ileus with toxemia.

Name of operation Exploratory Date of 9/5/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B Jones, M. D.

(Address) Mercy Hospital

CT2

F 05251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1372 Stockton ST. 15-01 WARD)

2. FULL NAME Mary Gray

(a) RESIDENCE NO. 1372 Stockton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Gray

DATE OF BIRTH (month, day, and year) Sept 15 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51		14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Va

10 NAME OF FATHER Ferdinand Adams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Sallie ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

Informant Thomas Gray
(Address) 1372 Stockton St

Filed 10/3/34 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29/34

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934, to Sept 29, 1934

That I last saw h[illegible] alive on Sept 29, 1934

and that death occurred, on the date stated above, at 7 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) yrs. mos. 19 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. H. Hofferty M. D.

10/1 1934 (Address) 1718 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Oct 3 1934

20 UNDERTAKER Thos E. Robson — ADDRESS 1303 Pennsylvania Ave

M. D. P. 1268-9 F 05252

F 05252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Marine Hospital St., 17-C Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Luchies FRAZIER

(a) Residence: No. 804 George St., Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town And State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Caldwel FRAZIER

7. DATE OF BIRTH (month, day, year) $ 4-4-1893

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockton S.Car.

13. NAME Sam Frazier

14. BIRTHPLACE (city or town) (State or country) Winnsboro S.Car

15. MAIDEN NAME Amanda Wright

16. BIRTHPLACE (city or town) (State or country) Charleston S Car.

17. INFORMANT Patient andwife

(Address) 804 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place Natural Cemetery Date OCT 2 1934

19. UNDERTAKER Lolli Kelson

(Address) 1303 Pressmen St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-28-34, 19 to 9-30-34, 19

I last saw h im alive on 9-30-34, 19 Death is said to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and Cardiac failure	
Pneumonia	9-29-34
Cardiac disease of long standing rheumatic type	

Other contributory causes of importance:

Name of operation - Date of

What test confirmed diagnosis? X rays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - 19

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Strickland Jr. M. D.

(Address) U. S. Marine Hospital

F 05253

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05253

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Liston Davis

(a) Residence: No. 407 E. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Dec 11, 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

13. NAME Liston

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME La Vernon ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 4 1934

UNDERTAKER Thos. E. Kelson

(Address) 1303 Preston St

FILED Oct 5 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932 to October 1, 1934

I last saw him alive on Oct 1 1934 Death is said to have occurred on the date stated above, at 5-00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiparesis, Left due to Old cerebral hemorrhage	2 yrs
Arteriosclerosis	?
Myocardial Insufficiency	?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Pragel, M. D.

(Address) Balt City Hosp

M. D. P. 1268-A

F 05254

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05254

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 E. Pratt St., 2-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Kramer

(a) Residence: No. 2007 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjiman

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan David

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Freida

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Morris Kramer

(Address) 3728 Oak Heights

BURIAL, CREMATION, OR REMOVAL Shaw Goodale Cem Date 10/2/34 19

UNDERTAKER Sol Levin Inc

(Address) 1439 E. Baltimore St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. P. Segoy MD Coroner, M. D.

(Address) 1305 N. Patterson Park Ave

F 05255

F 05255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Alford

(a) Residence: No. 3503 Ash St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 10, 1924

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME James Alford

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Lula Miller

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT mother
(Address) 3503 Ash St

18. BURIAL, CREMATION, OR REMOVAL
Place Interred at Hospital State . 19

19. UNDERTAKER
(Address)

20. FILED Sept 11 1924 Huntington Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 . 1924

22. I HEREBY CERTIFY, That I attended deceased from
on Sept 10 . 19 24 to . 19
I last saw him alive on Sept 10 . 19 24 Death is said
to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	9/10/24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Howell V. Stout M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

F 05256

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05256

CERTIFICATE OF DEATH

XV 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1½ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel D. Bright

(a) Residence: No. Dayton Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	12 42	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton, Maryland

13. NAME Rt Chandler Bright

14. BIRTHPLACE (city or town) (State or country) No Carolina

15. MAIDEN NAME Nancy Bright

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Phillip Bright

(Address) Dayton Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Dayton Md Date Oct 3 19 34

19. UNDERTAKER Dayton Funeral Home

(Address) Dayton Md

20. FILED OCT 2 - 1934 Easton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-30-34 . 19 . to 10-1-34 . 19 .

I last saw him alive on 10-1-34 . 19 . Death is said to have occurred on the date stated above, at 5¼ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastroenteritis	1 wk ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Dick Ryan M. D.

(Address) President Hospital

H. D. R. 1268-9

05257 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05257

M

V+210-001

CERTIFICATE OF DEATH

Registered No. 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sou

CITY OF BALTIMORE: (No. South Baltimore Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William B, Stoll.

(a) Residence: No. 6 Th. St. Ext. Brooklyn Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May. 2 1913

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Chemist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Drug Electric Corp.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn. Md.

13. NAME ~~Benjamin F. Stoll~~

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

15. MAIDEN NAME Charlotte Litz.

16. BIRTHPLACE (city or town) (State or country) Brooklyn. Md.

17. INFORMANT Mrs. Charlotte Stoll.
(Address) 6th. Ext. Brooklyn. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct. 2 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. Date Oct 2 1934 Hamilton Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1934 to Sept. 29, 1934

I last saw h alive on Sept. 29, 1934 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Avulsion of Scalp & Muscles of Left Thigh.
Shock + Hemorrhage.

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/29, 1934

Where did injury occur? Brooklyn Ave & Hanover St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident.

Manner of injury Motorcycle he was riding collided with an auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Denny Coroner M. D.

(Address) 2200 E Madison St

M. D. B. 12-29 F 05258

F 05258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Hayward Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J Barnhart

(a) Residence: No. 3309 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John T Barnhart

6. DATE OF BIRTH (month, day, year): Nov 15-1856

7. AGE: Years 77 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: [illegible] work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D C

13. NAME: George H Bacon

14. BIRTHPLACE (city or town) (State or country): Missouri

15. MAIDEN NAME: Sarah Franklin

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs E M Hess

(Address) 3309 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Date Oct 2 '34

19. UNDERTAKER: Franklin H Seitz

(Address) 709 W 33rd St

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1934 to Sept 29 1934

I last saw her alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio sclerosis	11-0

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Daugherty M. D.

(Address) 37 W. Preston

F 05259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 Brevard St. St., 11-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph P. Evans

(a) Residence: No. 900 Brevard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Evans.

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70		-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Mary Evans
(Address) 900 Brevard St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 10-3 1934

UNDERTAKER Frances A. Hemsley
(Address) 528 Biddle St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1934 to Sept 30 1934

I last saw him alive on Sept 30 1934 Death is said to have occurred on the date stated above, at 1205 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Garland Penn M. D.

(Address) 1534 - Druid Hill Ave

N. D. B. 1268-9

F 05260 Rose Sullivan F 05260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 22

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-01 Ward)

Length of residence in city or town where death occurred ? yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Sullivan

(a) Residence: No. Fallston, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter J. Sullivan

DATE OF BIRTH (month, day, year) Oct 22/1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29 30	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mass.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Walter J. Sullivan
(Address) Fallston, Md.

BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date Oct 3. 1934

UNDERTAKER Hunkergro Gro
(Address) Benson, Md.

FILED Oct 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Oct 1/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tetanus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Sept 22/34 19

Where did injury occur? Fallston Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home- fell from rear steps of residence into rose bush

Manner of injury .....

Nature of injury ... and injured hand. (Infection

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J. H. Cain M. D.
Coroner

(Address) 708 E Fayette

M. D. B. 1268-9

F 05261

05261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 N Broadway St., 8-01 Ward)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma F Wist

(a) Residence: No. 1425 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Wife of Charles E Wist

6. DATE OF BIRTH (month, day, year) March 12th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Mark

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Bertha Edwards

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Miss Mary Hicks

(Address) 1726 Eutaw Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 3rd 1934

19. UNDERTAKER George S Schillinger & Son

(Address) Hanover & Lexington

20. FILED Oct 3 1934 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1934 to Oct 1 1934

I last saw her alive on Sept 30 1934. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	9-23-34

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harry Allen Early M. D.

(Address) 37 W Preston

H. D. B. 1268-9

05262 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05262

CERTIFICATE OF DEATH

106-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Braddock

(a) Residence: No. 20 Albemarle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 8, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Nicholas

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Records Balt City Hosp

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 3rd, 1934

UNDERTAKER Leo G. Loock

(Address) 1723 N. Patterson Park Ave

FILED ..... 19..... Registrar

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934, to Sept 30, 1934

I last saw h[illegible] alive on Sept 30, 1934. Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary edema	Few
Chronic Bronchitis	3 yrs ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Magid, M. D.

(Address) Balt City Hosp

M. D. F. 1268-9

05263 F 05263

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. No-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Violet J. Luskowski

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME of Father Thaddeus Luskowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME of Mother Mariana Thomska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date Oct. 3, 19 34

19. UNDERTAKER F. W. Ozarowski
(Address) 4 Eastern Ave. Baltimore, Md.

Filed Oct 4, 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934 to October 1, 1934

I last saw her alive on October 1, 1934. Death is said to have occurred on the date stated above, at 6-25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Pragel, M. D.

(Address) East City Hosp.

(Kint) F 05264

H. D. P. 1708-9

05264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 25-01 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Lillian Kleant (Kint)

(a) Residence: No. Emmitsburg, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	13		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Kint

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lillian Kint

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Kint
(Address) Emmitsburg Md

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg Md Date 10/2 1934

19. UNDERTAKER M. F. Shuff
(Address) Emmitsburg Md

Filed 10/3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24. 1934. to Oct 2 1934
I last saw her alive on Oct 2 1934 Death is said to have occurred on the date stated above, at 12 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Broncho pneumonia	9/24/1934
b Empyema	9/29/1934
c Sepsis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? /

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl G. Peterson M. D.
(Address) St. Agnes Hosp.

-1934

H. D. B. 1268-9

05265 E 05265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emersonian Apts. 1 B St., 13-61 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles Gans

(a) Residence: No. Emersonian Apts. 1B. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dora Gans

DATE OF BIRTH (month, day, year) Jany. 14, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Isaac Gans

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C. Gans
(Address) Emersonian Apts.

18. BURIAL, CREMATION, REMOVAL
Place Balto. Hebrew Cem. Date Oct. 3 1934

19. UNDERTAKER Arnold Sandhaus & Son
(Address) 1902 Eutaw Place

20. FILED Nov. 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934 to Sept 30 1934

I last saw h[illegible] alive on Sept 30 1934. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

General arterio-sclerosis
Myocarditis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest Wagner, M. D.

(Address) The Esplanade

-1934

M. D. P. 1268-9

05266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05266

84-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Carew

(a) Residence: No. 3200 Clifton Avenue, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 1 - 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Wm. Carew

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Butler

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Wm Carew

(Address) 3200 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/8 1934

19. UNDERTAKER George E. Pooley

(Address) Huntingtown Calvert Co Md

10-8-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 30 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/22/34 , 19 , to 9/30/34 , 19

I last saw him alive on 9/30/34 , 19 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis	
Brain Abscess	
Meningitis	

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 9/23/34

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Smith M. D.

(Address) Mercy Hospital

M. D. F. 1269-9

F 05267

HEALTH DEPARTMENT—CITY OF BALTIMORE

05267

CERTIFICATE OF DEATH

X 91-001

Registered No.

1. PLACE OF DEATH So. Balto. General Hosp

CITY OF BALTIMORE: (No. 1213 Light St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Edna Ruckert

(a) Residence: No. Sulphur Spring Rd. Arbutus Md.
(usual place of abode) (Ward) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Lawrence F. Ruckert

7. DATE OF BIRTH (month, day, year) Dec 13 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati O.

13. NAME Frank Tudor

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Jennie McClelland

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Lawrence F. Ruckert

(Address) Sulphur Spring Rd. Arbutus

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 5 1934

19. UNDERTAKER John H. Young

(Address) 1 Dwight St.

FILED 10-2-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Oct. 2 1934

I last saw her alive on Oct. 2 1934 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Subacute bacterial endocarditis

Cerebral accident

Embolism?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) James L. Watt M. D.

(Address) 1213 Light St.

F 05268 200 Bks.

F 05268

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05268

J94-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 12 E. Read St. 11-01 Ward)

2-FULL NAME Augustine H. Murphy

(A) RESIDENCE NO. 12 E Read St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Isabella C. Murphy

DATE OF BIRTH (month, day, and year) Nov 24 * 1879

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	54	10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Antique Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture etc

(c) Name of employer: Self

BIRTHPLACE (City or town) London

(State or country) England

10 NAME OF FATHER Wm T. Murphy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Hoggar

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

Informant Isabella C. Murphy

(Address) 12 E. Read St

Filed 10/3 1934 Harriet E. Williams N.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1st 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

Angina Pectoris

Sudden

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) James M Fenton M. D. (Coroner)

10/1 1934 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 12 E Read

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: 10/3/1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

F 05269

F 05269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Dietz

(a) Residence: No. 1108 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Dietz

DATE OF BIRTH (month, day, year) Mar. 8-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto - Md

13. NAME Christian Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. F. Dietz

(Address) 1108 W. Cross St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 3rd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Schultz M. D. Coroner

(Address) 2037 Eastern Ave

B. D. No. 05270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05270

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 2776 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

(Citation)

2. FULL NAME Mrs. Annie Eschenbach

(a) Residence: No. 304 Cedarcroft Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mr. Samuel Eschenbach

6. DATE OF BIRTH (month, day, year): Dec. 9, 1877

7. AGE: Years 56 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotland

13. NAME: James Clayton

14. BIRTHPLACE (city or town) (State or country): London, England

15. MAIDEN NAME: Maria McDougal

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cem. Date: Oct. 3, 1934

19. UNDERTAKER: Henry W. Mears and Son

(Address) 800 N. Calvert St.

FILED 10-3-1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1934, to September 30, 1934.

I last saw her alive on Sept. 30, 1934. Death is said to have occurred on the date stated above, at 5-15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lipoid Arteriosclerosis - Myocardial Degeneration	5-93-34
Coronary Thrombosis	9-30-34
Acute cardiac dilatation	9-30-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Claude Elliott Baker, M. D.

(Address) Md. General Hospital.

M. D. B. 1268-9

F 05271

05271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Kenwood Ave St., ... Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Davis

(a) Residence: No. 106 N. Kenwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of late Jefferson Davis

7. DATE OF BIRTH (month, day, year) April 24 1871

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Chas. Hurt

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Antonette Stepler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rose Runge
(Address) 106 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct. 3 1934

19. UNDERTAKER Philip Hermid Sons
(Address) 2016 Orleans St

20. FILED ..... 19..... [illegible]

3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934 to Oct 1 1934
I last saw her alive on Sept 30 1934 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days

Other contributory causes of importance:

Diabetes Mellitus	2yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. File No. 05272 F 05272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Castel St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank A. Peacock

(a) Residence: No. 619 N Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida M. Peacock.

6. DATE OF BIRTH (month, day, year): Jan 11-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: Frank Peacock Sr.

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Mollie Ames.
(Address) 619 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: Oct 5" 1934

19. UNDERTAKER: Geo M. Fritchon
(Address) 511 N Howard St

FILED OCT 3 - 1934 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to Oct 2, 1934

I last saw h.. alive on October 2, 1934. Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Parotid Gland	Jan 1934

Other contributory causes of importance:

Arteriosclerosis Generalis
Chronic Myocarditis

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank Lloyd M. D.

(Address) 2005 E. Monument St.

F 05273

H. D. B. 1268-2

F 05273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 12-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Graves

(a) Residence: No. North, Matthews Co., Va. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 26, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56 57	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mate 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-23-27

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Graves

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Anna Tulliver

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Oct. 3, 1934

19. UNDERTAKER E. Leroy Stubbs, Inc.
(Address) 2 E. Mt. Vernon Pl.

20. FILED 3 1934 Hunter for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29 19 34

22. I HEREBY CERTIFY, That I attended deceased from December 14, 19 27, to September 29, 19 34. I last saw him alive on September 29, 19 34. Death is said to have occurred on the date stated above, at 5:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr. c decompensation	Unknown
Pericarditis, adhesive	"
Arteriosclerosis, general	"
Hemiplegia, due to cerebral hemorrhage	8-19-27

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autops. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. M. Harder, M. D.

(Address) U.S. Marine Hospital

M. D. P. Form 4 F 05274

F 05274

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen. Hosp. 8-01

CITY OF BALTIMORE: (No. 3317 Belair St., (or) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margaret K. Christ.

(a) Residence: No. 3317 Belair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Feb 1, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
4	45	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Christ

14. BIRTHPLACE (city or town) (State or country) Md. Frosch

15. MAIDEN NAME Clara Engle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss. Mary Christ.

(Address) 3317 Belair Road

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cemetery Date Oct 5 1934

19. UNDERTAKER Tommy Hoch Sons, Inc.

(Address) 1301 E. Eager St.

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2/34

22. I HEREBY CERTIFY, That I attended deceased from 4-27 1934 to 10/2 1934

I last saw her alive on 10-2 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Epithelioma of Breast	7/1924
Other contributory causes of importance: Myocardial Failure	9/1/34

Name of operation Mastectomy Date of 4/27/34

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Proctor M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9 F 05275

F 05275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Jenkins Memorial Hospital
CITY OF BALTIMORE: (No.) 1000 Eaton Ave. St., 6-0 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Doyle

(a) Residence: No. 1613 East Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia E. Doyle (nee Connor)

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ammo & Ball
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Thomas Doyle
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Mc Grath
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jenkins Memorial Hosp. 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct 7th, 1934

19. UNDERTAKER (Address) Edgar H. Carter 3112 Harper St

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934 to October 2nd, 1934
I last saw him alive on October 1st, 1934 Death is said to have occurred on the date stated above, at 2.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1932
Secondary Anemia	1934
Cachexia	1934

Other contributory causes of importance:

Radium implantation June 33

Name of operation Suprapubic Drainage Date of Nov. 1933

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carl C Penkel M. D.
(Address) St Agnes Hosp.

Cor.—12-9-25—A Co.—200 Bks.

5276

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05276

V 93-003

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2649 Wilkens Ave. St. 20-01 Ward)

2-FULL NAME Nelson E. Parrish

(a) RESIDENCE NO. 2649 Wilkens Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura V. Parrish

DATE OF BIRTH (month, day, and year)
December 28, 1861

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72	9	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason & Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor - Self

(c) Name of employer

BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

10 NAME OF FATHER Edward Parrish

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margerite Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Mr. Herbert E. Parrish

(Address) 2649 Wilkens Ave.

13-1934 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 2, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Myo-carditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

(Signed) Joseph L. Valentine, M.D. (Coroner)

, 19 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.....mos.....ds. In the State ....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

Date of Burial: Oct. 5 19 34

20 UNDERTAKER Joseph H. Cook

ADDRESS 1003 West Baltimore St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 5277 F 5277

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Stricker St. 16-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Wank,

(a) Residence: No. 708 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Wank.

7. DATE OF BIRTH (month, day, year) June 17, 1882

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jeffersonville Ind.

13. NAME Virginia Green

14. BIRTHPLACE (city or town) (State or country) Jeffersonville Ind.

15. MAIDEN NAME Charlotte Green

16. BIRTHPLACE (city or town) (State or country) Jeffersonville Ind.

17. INFORMANT Mrs. Anna Wanks

(Address) 708 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Easton, Md. Date Oct 4, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Edwards St.

OCT 3 - 1934 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1934 to Sept 29, 1934

I last saw h- alive on Sept 29, 1934 Death is said to have occurred on the date stated above, at 8 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. M. Byrd M. D.

(Address) 1536 N. Arlington St

M. D. B. 1268-9

05278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 05278

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. St. 7-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ray Pennington

(a) Residence: No. Forest Hill Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary

7. DATE OF BIRTH (month, day, year): 11/1/1902

8. AGE: Years 32; Months 9; Days 1; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm Hand. 086

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country): Va.

14. NAME Galloway Pennington

15. BIRTHPLACE (city or town) (State or country): Va.

16. MAIDEN NAME Peggy Haga

17. BIRTHPLACE (city or town) (State or country): Va

18. INFORMANT: Records

(Address) Johns Hopkins Hospital

19. BURIAL, CREMATION, OR REMOVAL

Place Abingdon Va Date Oct 5 1934

20. UNDERTAKER: Dean & Sister

(Address) Belair Mgs.

Huntington Ave. Pennington, Md.

21. FILED OCT 3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934 to Oct 2, 1934

I last saw he/she alive on Oct 2, 1934 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Post operative pneumonia post operative day iii — Date of onset

Other contributory causes of importance:

Ruptured gastric ulcer

Name of operation Closure ruptured gastric ulcer Date of 10/30/34

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Briggs, M. D.

(Address) Johns Hopkins Hosp

M. D. P. 1268-9

29734 05279 F 05279

HEALTH DEPARTMENT—CITY OF BALTIMORE

PED

CERTIFICATE OF DEATH ✓ 15

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 3-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Wilkinski

(a) Residence: No. 240 S. Bond St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Child

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 16 1934

8. AGE Years | Months | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Wilkinski

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Cecha Prusowa

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct. 3 1934

19. UNDERTAKER Wendell J. Tippel

(Address) 300 S. Eden St.

OCT 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 2 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Oct 2 1934

I last saw her alive on Oct. 2 1934 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	9-27-34
Septicaemia	
Other contributory causes of importance	about

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm C. Stiffler, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 05280

5280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George T Lomas

(a) Residence: No. 632 S Curley St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anne

DATE OF BIRTH (month, day, year) July 5 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pile driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Geo Lomas

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Barbara Schlicht

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Sacred Heart

Place Loudon Park Date Oct 6 1934

UNDERTAKER Lilly & Zuber Inc

(Address) 402 E Baltimore St

FILED , 19 Registrar.

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1934 to Oct 2, 1934

I last saw him alive on Oct 2, 1934. Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	2 W ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T P Magill, M. D.

(Address) Balt City Hosp

H. D. P. 1268-9

E 05281

05281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1304 S. Bayliss St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 Fifty mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Erhardt.

(a) Residence: No. 1304 S. Bayliss St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Erhardt

7. DATE OF BIRTH (month, day, year) Nov. 12 1845

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Adelman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Katherine Mulhane Neph
(Address) 1304 Bayliss St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Oct 5 1934

19. UNDERTAKER Tully - John Sue
(Address) 1003 W. Lex St

20. FILED Oct 5 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Oct 2 1934

I last saw her alive on Oct 1 1934 Death is said to have occurred on the date stated above, at 5 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	Unk

Other contributory causes of importance:

Acute Myocarditis	Sept 30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Tatlow M. D.

(Address) 350 Highland Ave

F 05282

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05282 ✓23

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3503 Fostyard St., [illegible] Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alma Catherine Steigerwald

(a) Residence: No. 3503 Fosterbank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph Steigerwald

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Marya Funder

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary A Steigerwald
(Address) 3503 Fosterbank

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Oct. 6 1934

19. UNDERTAKER Lilly & Zeiler
(Address) 403 [illegible]

[illegible] 1934

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 1 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1932 to OCT 1 1934 19

I last saw her alive on OCT 1 19 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug 1932
Other contributory causes of importance: Pulmonary Cavitation	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Book M. D.

(Address) 413 N Broadway

M. D. B. 1268-9

F 05283

HEALTH DEPARTMENT—CITY OF BALTIMORE

05283

CERTIFICATE OF DEATH

V 95-002

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Patterson Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Olert

(a) Residence: No. 1425 N. Patterson Park Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Timmerman Olert

7. DATE OF BIRTH (month, day, year) July 25, 1863.

AGE	Years	Months	Days	If LESS than 1 day, ### hrs. or ### min.
	51	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Christian Olert

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Dressel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Clara Olert (Wife)

(Address) 1425 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date. 10/4/34 19

19. UNDERTAKER George J. Trostle & Son

(Address) 1735 W. Lafayette Ave.

FILED 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1934, 19

22. I HEREBY CERTIFY That I attended deceased (from March 31 to Oct 1, 34)

I last saw alive on Oct 1 19 34 Death is said to have occurred on the date stated above, at 7.20 A m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease — Date of onset

Other contributory causes of importance:

Hypostasis (pulmonary)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Krause M. D.

(Address) 1425 Patterson Park Ave

M. D. B. 1938-9 F 05284

F 05284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ambrose McCauley Boundling

(a) Residence: No. ~~Entombed~~ Florence Cotlendin Home, Balto., Md. X St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (?)
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lynnewood Cem Date Oct 3, 1934

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1934, to October 2, 1934

I last saw him alive on Oct 2, 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Impetigo Bullosa	2 weeks
Malnutrition	?
Pneumonia	1 week
Other contributory causes of importance:	
	Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James L. Hecht, M. D.

(Address) Union Memorial Hosp

0758

M. D. R. 1268-9

F 05285

05285

HEALTH DEPARTMENT—CITY OF BALTIMORE

J 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd Street St., 13th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Susan Davis

(a) Residence: No. 401 E Hoffman's Fernwick Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 19, 1872

8. AGE — Years 62 — Months 7 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah A Hayman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address) 334 E Calvert St Baltimore

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Oct 4 1934

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North Ave

20. FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Oct 1, 1934

I last saw h[illegible] alive on Oct 1, 1934. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus — Date of onset 1933

Other contributory causes of importance:

Acidosis following Operation — 9-28-34

Name of operation Gastrostomy — Date of 9-28-34

What test confirmed diagnosis Biopsy — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No — Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles A. Cooley M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

E 05286

HEALTH DEPARTMENT—CITY OF BALTIMORE

5286

CERTIFICATE OF DEATH

159 No 1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stevenson

(a) Residence: No. 3 N Stafford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Boy	white	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 9-30-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Mrs J. F. Stevenson

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Nora Moran

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs J. F. Stevenson
(Address) Baptist Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 3 1934

19. UNDERTAKER ...
(Address) ...

20. FILED Oct 3 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to October 2, 1934

I last saw him alive on October 2, 1934 Death is said to have occurred on the date stated above, at 10:00 Am

The principal cause of death and related causes of importance were as follows:

Prematurity - wt. 11 lb 12 oz
Respiratory failure

Date of onset
10-2-1934

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Claude C. Hurst Babcock M. D.

(Address) Md. Gen. Hospital.

M. D. B. 1265-9

05287 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05287

CERTIFICATE OF DEATH

✓ 165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 East North Ave. St., 12-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Clark Brown

(a) Residence: No. 133 East North Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Ellen Hallier Brown

DATE OF BIRTH (month, day, year) June 10th 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator 053
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Oct 1934
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

13. NAME Clark Brown

14. BIRTHPLACE (city or town) (State or country) Bloomsburg, Pa.

15. MAIDEN NAME Eleanor Morgan

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Mrs Ellen H. Brown
(Address) 133 East North Ave.,

17. BURIAL, CREMATION, OR REMOVAL
rlington Nat'l Cem. Date Oct 6th 1934

UNDERTAKER Wm Tuckner & Sons
(Address) North & Penn Ave

FILED -1934 Hunter for Williams, Nec Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Strangulation by Rope Suicide — Date of onset

Other contributory causes of importance:

temporarily Insane

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Oct 2 1934

Where did injury occur? 133 E North Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury Self Inflicted

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jerome M Denton M. D.
Coroner

(Address) 700 E Chase

M. D. P. 1268-9

Clay Dearborn Price Jr

HEALTH DEPARTMENT—CITY OF BALTIMORE 05288

CERTIFICATE OF DEATH

176

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto St., (or) Ward) Gen'l Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 38 yrs. 5 mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. ~~Clifton~~ Clay Dearborn Price
(a) Residence: No. 2912 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. C. Price Flowers

6. DATE OF BIRTH (month, day, year) April 25 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 years	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carl Owen Huggett
10. Date deceased last worked at this occupation (month and year) Sept 27 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER
13. NAME Clay Price, Senior
14. BIRTHPLACE (city or town) (State or country) ~~Tennessee~~ Alexandria
15. MAIDEN NAME ~~Virginia~~ Mansfield
16. BIRTHPLACE (city or town) (State or country) Kent Island

17. INFORMANT Short
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Northern Date Oct 5 1934

19. UNDERTAKER Mrs. Dickey Sons
(Address) North & Pennsylvania Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Oct 2 1934
last saw him alive on Oct 2 1934 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- ~~Coma~~	
1- Broncho Pneumonia upper lung	
Other contributory causes of importance:	
2- Post operative Cholecystectomy & Appendectomy	

Name of operation " Date of 9/27
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Lewis M. D.
(Address) W B & H.

Spec.—1-12-23—M&T—500 Blks.

05289

HEALTH DEPARTMENT—CITY OF BALTIMORE F 05289

CERTIFICATE OF DEATH.

+ 71-001

1-PLACE OF DEATH Stratmore Park Hosp

CITY OF BALTIMORE: (No. 9401 Pinkney Road ST. 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Francis Walsh

(a) RESIDENCE No. 85 Mountainview Road ST. WARD

(Usual place of abode) Baltimore Md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of ~~not Wife of~~ Laura E. Walsh

6 DATE OF BIRTH (month, day, and year) Aug 28. 1889

7 AGE: Years 45 Months 1 Days 5 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): Chase Hall Bank

(c) Name of employer: New York City

9 BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

10 NAME OF FATHER: Edward J. Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York City

12 MAIDEN NAME OF MOTHER: Laura Corbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York City

14 Informant: Mrs Laura E. Walsh

(Address) 85 Mountainview Rd Baltimore, Md

15 Oct 3 1934 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3-1934

17 I HEREBY CERTIFY, That I attended deceased from 9-21 . 1934, to October 3 . 1934, that I last saw him alive on October 3d . 1934 and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Russell Fauge, M. D.

, 19 (Address) 2937 N. Calvert St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL, CREMATION OR~~ REMOVAL: Hoboken, N.J.

DATE OF BURIAL: Oct 3 1934

20 UNDERTAKER: Wm J. Dickey, Agent

ADDRESS: Balto

H. D. B. 1268-9

E 05290

HEALTH DEPARTMENT—CITY OF BALTIMORE

5290

CERTIFICATE OF DEATH

✓ 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Hanover St. St. 22-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Henry Stanley.

(a) Residence: No. 530 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of: Do not know.

DATE OF BIRTH (month, day, year): May 10, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman. 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Dawson, Pa.

12. NAME: Timothy Stanley.

14. BIRTHPLACE (city or town) (State or country): Dublin, Ireland

15. MAIDEN NAME: Julia Haley.

16. BIRTHPLACE (city or town) (State or country): Dublin, Ireland

INFORMANT: John H. Stanley. (brother)

(Address) 321 Main St. Belle Vernon, Pa.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A. A. Co. Date Oct 4. 1934

UNDERTAKER: John F. Denny

(Address) 715 Light

1934 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

~~I was orally~~ informed

(Signed) Otto M. Eminhart, M. D.
Coroner

10/1/34 (Address) 1017 E. Charles St.

M. D. R. 1268-9

E 05291

HEALTH DEPARTMENT—CITY OF BALTIMORE

05291

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Taylor

(a) Residence: No. 116 N Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Taylor

DATE OF BIRTH (month, day, year) May 8, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME of Father John Sanders

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME of Mother Beatrice Costello

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place New York N.Y. Date Oct 3 1934

19. UNDERTAKER John C. Miller
(Address) 2435-E. Eager St

1934 Oct 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1934 to October 3, 1934

I last saw her alive on October 3, 1934 Death is said to have occurred on the date stated above, at 6:15 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gumma of liver	6 mos?
Other contributory causes of importance:	about

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I Phaneuf, M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

F 05292

HEALTH DEPARTMENT—CITY OF BALTIMORE

05292

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Smiarowski

(a) Residence: No. 2310 Cambridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances (dead)

7. DATE OF BIRTH (month, day, year) Oct ? 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rhoads
(Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 4 1934

19. UNDERTAKER Bernard A Funke
(Address) 5135 Harford Road

20. FILED 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27. 1934 to Oct 2. 1934

I last saw him alive on Oct. 2 1934. Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Nephritis, arteriosclerotic	3 mo +

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in answers to following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify

(Signed) I P Rhoads M. D.

(Address) East City Hosp.

D. P. 1769-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05293

05293

CERTIFICATE OF DEATH

✓ 118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) No. 1718 N. Carey St., 15-01 Ward)
Length of residence in city or town where death occurred 45 yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha E. Henderson Jones

(a) Residence: No. 1718 N. Carey St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow
If married, widowed, or divorced: HUSBAND of (or) WIFE of
DATE OF BIRTH (month, day, year): 1893
AGE: Years 41; Months; Days; If LESS than 1 day, ... hrs. or ... min.
6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
BIRTHPLACE (city or town) (State or country): Va
13. NAME Thos. Henderson
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME Hermetta Webster
16. BIRTHPLACE (city or town) (State or country): Va
INFORMANT: Edwood Jones
(Address): 1718 N. Carey
BURIAL, CREMATION, OR REMOVAL: Washington D.C. Date Oct 31 '39
Place
UNDERTAKER: James A. Davis
(Address): 172 Upshur St
Huntington Williams Funeral Dir.
FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 3 '39
22. I HEREBY CERTIFY, that I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows: Date of onset
Acute Indigestion
Other contributory causes of importance:
Error of diet
Name of operation: Regular Date of
What test confirmed diagnosis: ... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Funk Coroner, M. D.
(Address)

Spec.—1-10-21—MAT—1500 Blks.

F 05294

05294

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Fait Ave., 1-04 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonia Adams

(a) RESIDENCE NO. 2416 Fait Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ambrose Adams

6 DATE OF BIRTH (month, day, and year): May 10 - 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	10 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: A Drebrowski Son in Law

(Address): 2416 Fait ave

15 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 1 1934

17 I HEREBY CERTIFY, That I attended deceased from December 1932, to Oct 1 1934, that I last saw h[illegible] alive on Oct 1. 1934, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓ Md. Gen

Did an operation precede death? yes. Date of May 31 1934

What operation? exploratory operation for inoperable carcinoma of bladder

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Hannah Jarmyndi M. D.

10/3. 1934 (Address) 2431 Fait Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: Oct 4 1934

20 UNDERTAKER: John M Weber

ADDRESS: 401 S. Chester

M. D. B. 1268-9

F 05295

05295

HEALTH DEPARTMENT—CITY OF BALTIMORE

J46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Port St. 6-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stefan Lenhart

(a) Residence: No. 107 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of): Anna Lenhart

7. DATE OF BIRTH (month, day, year): June 9th 1876

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brewer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: American Brewing Co

10. Date deceased last worked at this occupation (month and year): Feb 1934

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: Wenceslaus Lenhart

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Anna Lenhart
(Address): 107 N. Port St

18. BURIAL, CREMATION, OR REMOVAL.
Place: Holy Redeemer Date: Oct 4th 1934

19. UNDERTAKER: Wm Cook
(Address): 217 S. Eutaw St

20. FILED: 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to Oct. 1st 1934

I last saw h~~im~~ alive on Oct. 1st 1934. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr ago

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vincent V. Koska M. D.

(Address) 845 N. Patterson Pk Ave

M. D. B. 1268-9

F 05296

HEALTH DEPARTMENT—CITY OF BALTIMORE

05296

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1752 Orleans St., 6-C Ward)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll W. Reeves

(a) Residence: No. 1752 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Minnie E. Reeves

7. DATE OF BIRTH (month, day, year): Aug 19th 1899

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoeworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto News & American

10. Date deceased last worked at this occupation (month and year): June 1934

11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Robert C. Reeves

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Margaret Callahan

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Minnie E. Reeves

(Address): 1752 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Aug 3-a 1934

19. UNDERTAKER: Wm Cook

(Address): 1417 Pennsylvania Ave Huntington Williamson W. Va.

20. FILED: AUG 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Oct 1 1934

I last saw him alive on Oct 1 1934. Death is said to have occurred on the date stated above, 12¹² a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	Aug. (9/12/34)
Pulmonary Tuberculosis.	5/1/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw Lovell for Edw Lovell M. D.

(Address) 1417 Pennsylvania Ave Huntington W. Va.

F 05297

F 05297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3928 Dolfield Av (or) 15-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert I Gressitt Sr

(a) Residence: No. 3928 Dolfield Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline R Gressitt

DATE OF BIRTH (month, day, year) Sept 2 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigars

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William M Gressitt

14. BIRTHPLACE (city or town) (State or country) Urban Va

15. MAIDEN NAME Eliza J Irvin

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Robt I Gressitt Jr

(Address) 3928 Dolfield Av Balto

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Oct 5 1934

UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED Oct 4 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th 1934 to Oct 3rd 1934

I last saw him alive on Oct 2nd 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Congestion Pulmonary Edema	Sept 30
Emphysema (Chronic)	34

over

Other contributory causes of importance:

Emphysema (Chronic)
Chr Pulmonale

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H C Grant M. D.

(Address) 3800 Granada Ave.

M. D. B. 1269 F 05298 F 05298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1653 E 25th St., 8-01 Ward)

Registered No. 120

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip S. Ambrose

(a) Residence: No. 1653 E 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ WIFE of (or ~~HUSBAND of~~) Emma A. Ambrose

7. DATE OF BIRTH (month, day, year) Aug 12th 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Martinsburg West Va

13. NAME ? Ambrose

14. BIRTHPLACE (city or town) (State or country) Martinsburg West Va

15. MAIDEN NAME Katherine Fisher

16. BIRTHPLACE (city or town) (State or country) Martinsburg West Va

17. INFORMANT Emma A. Ambrose

(Address) 1653 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 10/4/1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19 34 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1933 to October 2 1934

I last saw him alive on October 2, 1934. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Colitis	2/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert J. Singewald M. D.

(Address) 10 E. North Ave

D. F. 1268-9

F 05299

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05299

CERTIFICATE OF DEATH

✓ 157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp 518-01 St. ..... Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Wilson

(a) Residence: No. 856 Vine St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day and year) Sept 28 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Chas Wilson Sr

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Firby

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Chas Wilson
(Address) 856 Vine

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/4 ..... 19.....

UNDERTAKER Chas G Cooper
(Address) 514 N. Calhoun St.

FILED 10-4-1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of heart	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Block M. D.
Coroner
(Address) Balto

M. D. B. 1268-9 F 05300 F 05300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Mae Davis

(a) Residence: No. 426 W North Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Davis

6. DATE OF BIRTH (month, day, year) Nov 22, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick (State or country) Maryland

13. NAME Louis Kahn

14. BIRTHPLACE (city or town) Frederick (State or country) Md.

15. MAIDEN NAME Alice M. Kelly

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Harry Davis (Husband)

(Address) 426 20 North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemet. Date Oct 4/34. 19

19. UNDERTAKER D Stewart & Mowen Company

(Address) 102-20 North Avenue

Oct 4 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Oct 2, 1934

I last saw h.. alive on Oct 2, 1934 Death is said to have occurred on the date stated above, at 3.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malaria inoculata	Jan
Optic atrophy, bilateral	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp

AACo. 5-31-250B

F 05301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S. Sharp St. 22-61 Ward)

Length of residence in city or town where death occurred 8½ yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruby Jackson

(a) Residence: No. 808 S Sharp St., 22 Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 13 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	—	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Richard Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucy E. Doman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Richard Jackson
(Address) 809 S. Sharp Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/4/34

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2/ , 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/27/ , 1934 to 10/2/ , 1934

I last saw h... alive on 10/2/ , 1934 death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	9/27/34

Other contributory causes of importance:

Measles	about 6 wks.

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Gunnar Bowles, M. D.

(Address) 1 N 9 N Carrollton Ave

M. D. B. 4268-9 F 05302

F 05302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

'34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Austin

(a) Residence: No. 717 Brannan Court St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William (Sep)

6. DATE OF BIRTH (month, day, year): July 30 1893

7. AGE: Years 41; Months 1; Days 29; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina

13. NAME: David Walker

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME: Mary Blunt

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Records

(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Date: 10/4/34

19. UNDERTAKER: Isaiah L Brown & Son

(Address): 108 W Montgomery St

20. FILED 19 Registrar.

4-1034 Printing of H. Ehlers, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1934 to Sept 29 1934

I last saw h... alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
b. Congestive failure	1 mo
c. Nephritis, arteriosclerotic	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagick M. D.

(Address) Balt City Hosp.

M. D. F 268 F 05303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05303

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Cheswolde Ave. 27 - 01 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma C. Ruff

(a) Residence: No. 2722 Cheswolde Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5, 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Jacob Ruff

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Christina Rentz

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Frank Crowther

(Address) 2722 Cheswolde Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Wary. Hamden Date Oct 5 1934

19. UNDERTAKER Ehrengardt & Son.

(Address) 3615-17 Chestnut Ave.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 - 1934 to Oct 3 1934

I last saw her alive on Oct 2 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	1 yr
Other contributory causes of importance: General Arterio Sclerosis	yrs

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 1934

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James L. Schnuse M. D.

(Address) 2 W Read St

M. D. F 12-29 F 05304

F 05304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522½ Federal St. E. 0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Oliver Thorpe

(a) Residence: No. 2522 Federal St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 20th 1915

7. AGE: Years 19; Months 7; Days 13; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Harry Thorpe

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME Minnie Cooney

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT Minnie Thorpe

(Address) 2522 Federal St.

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Date Oct 4, 1934

19. UNDERTAKER Thanower Bros.

(Address) 3615-17 Christopher

20. FILED Oct 4, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2nd 1934

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1933 to Oct 2nd 1934

I last saw him alive on Oct 2nd 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	
Mitral regurgitation	14yr.
Other contributory causes of importance:	
Renal stasis	1mk.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Bryan H. E. Cross M. D.

(Address) 28 W 25th St.

F 05305

F 05305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-802

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Yolando Road 9-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME John Laari

(a) Residence: No. 3622 Yolando Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed or divorced
HUSBAND of ~~her name~~ Lydia Laari

DATE OF BIRTH (month, day, year) Oct 2 - 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens Clothing
10. Date deceased last worked at this occupation (month and year) July 1934
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Finland

13. NAME Gustaf Laari

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lydia Laari
(Address) 3622 Yolando Road

18. BURIAL, CREMATION, OR REMOVAL
Place New York N.Y. Date Oct 4 1934

19. UNDERTAKER J. H. Lichtenstein & Bro
(Address) Forest Park

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from August 29 1933 to Oct 2 1934
I last saw him alive on October 2 1934 Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1932?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B. Wolfe M. D.

(Address) 1331 E. Monument

M. D. F. [illegible] 5306

2 4 5306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 E Lanvale St., 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yr. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Ida Blumberg

(a) Residence: No. 1739 E Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jasper Blumberg

7. DATE OF BIRTH (month, day, year): 1872

8. AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Harry Blumberg

(Address) 2301 Whitridge ave

18. BURIAL, CREMATION, OR REMOVAL: Place Rosedale Date 10-4-34

19. UNDERTAKER: Geo. Louis Inc

(Address) 1439 E. Baltimore St.

FILED 10-4-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-3-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-20-, 1934, to Oct-3d, 1934

I last saw her alive on Oct-3-, 1934. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma at Cardiac End of Stomach	about June 1934
General arterio-sclerosis & Myocardial insufficiency	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Herman Seidel, M. D.

(Address) 2404 Eutaw Pl

(53307) 53307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 E Preston St., 10-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Campher

(a) Residence: No. 1405 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: L A Campher

6. DATE OF BIRTH (month, day, year): May 27 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): >

MOTHER

15. MAIDEN NAME: Mary Johnson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Cladyce Preston
(Address) 1405 Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cy Date 10/4 1934

19. UNDERTAKER Rayner Sanders
(Address) 1713 E Preston St

20. FILED ..... 19.. H. [illegible], Registrar.

OCT 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1934 to Oct 2 1934

I last saw h.. alive on Oct 1 1934. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 24
	34

Other contributory causes of importance:

Name of operation (none) Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B 1268-9

05308

HEALTH DEPARTMENT—CITY OF BALTIMORE

05308

CERTIFICATE OF DEATH

V 186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Thomas J. Carr

(a) Residence: No. 707 E. Preston St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Bartholomew Carr

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Lafferty

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Nora Carr

(Address) 115 W. Hamburg

BURIAL, CREMATION OR REMOVAL

Place New Cathedral Cem Date Oct. 6 1934

UNDERTAKER Henry Abegg & Bro, Inc

(Address) 1301 E Eager St

FILED OCT 4 - 1934 E. Eston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 8.45 A.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	
Fracture rt vault of skull	Oct 1/34

Other contributory causes of importance:

Acute Alcoholism

Name of Operation Elevation of skull Date of 10.2/34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/1/34

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place accidentally fell on street at

Manner of injury Chase & Homewood Ave &

Nature of injury struck head on Pave,ent.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 508 E Fayette

F 05309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05309

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH
CITY OF BALTIMORE: (Hospital, Institution or Residence) Union Memorial Hospital St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Roy or Ray
(a) Residence: No. 1218 Stricker St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced
(or) WIFE of Charlott -

DATE OF BIRTH (month, day, year) 12-24-0 S

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 173
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Russell Roy
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Jennie Booker
16. BIRTHPLACE (city or town) (State or country) Va
INFORMANT Charlotte Roy
(Address) 1718 McCulloh
BURIAL, CREMATION, OR REMOVAL
Place Middlesex Va. Date 10/4/34 19
UNDERTAKER Mrs. George E. Bollard
(Address) 1631 Druid Hill Ave
FILED 10-4-1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1- 1934
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m
The principal cause of death and related causes of importance were as follows: Gun Shot wound through heart Lungs (Homicide)

Date of onset

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 10/1 19 34
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Overhill Road & Charles St Ave
Manner of injury Gun Shot -
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

D. B 1268-9

05310

HEALTH DEPARTMENT—CITY OF BALTIMORE

05310

CERTIFICATE OF DEATH

192-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) 610 Druid Hill St., 14 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Levy Purvis

(a) Residence: No. 610 Druid Hills St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Purvis

DATE OF BIRTH (month, day, year) 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C. Tarkenton N. C.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mary Purvis
(Address) 610 Druid Hill

BURIAL, CREMATION, OR REMOVAL
Place National Date 10/5/34 19

UNDERTAKER Mrs. George K. Rollad
(Address) 1610 Druid Hill Ave

FILED ... 19 ... Registrar

4-1034 4-1-35 Wm. [illegible], Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 - 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Lee Smith Coroner M. D.

(Address)

M. D. B 126

F 05311

F 05311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Wylie Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie L. N. Teano

(a) Residence: No. 3015 Wylie ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph F. Teano

6. DATE OF BIRTH (month, day, year) Jan. 4 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John L. Rooney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary A. Lynch

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Joseph F. Teano
(Address) 3015 Wylie Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/6 1934

19. UNDERTAKER Vernon Lemmon
(Address) 4611 Park Heights Ave.

20. FILED 1934 Washington Hill Ave. Nego

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1934 to Oct 2 1934

I last saw h.. alive on Oct 2 1934 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Sept 6-34

Other contributory causes of importance:

Pulmonary Embolism
Terminal Cont. Oct 3-34

Name of operation None Date of .....

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Stanford McCleary, M. D.

(Address) 1609 Linden Ave

M. D. P. F 05312 Johnston F 05312

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Edmund A Johnston

(a) Residence: No. 218 Ridgewood Rd. Roland Pk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. E A Johnston

7. DATE OF BIRTH (month, day, year) March 18, 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liverpool England

13. NAME Wm Johnston

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Patterson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fayetteville NC Date Oct 4, 1934

19. UNDERTAKER Emory V Jenkins Sons Co
(Address) McCulloh & Richards

20. FILED Oct 4, 1934 E. J. Finn, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Oct 2, 1934

I last saw ha alive on Oct. 2, 1934 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Adeno Carcinoma of prostate	?
Other contributory causes of importance: Diabetes Mellitus	?

Name of operation Prostatectomy Date of June 27 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Landon Sinclair M. D.

(Address) Mer. Mem. Hospital

F 05313

Spec. 1 10-27-Dec-3-500 Bks.

F 05313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 4305 Pinehurst avenue ST., 28-01 WARD)

2-FULL NAME Thomas Franklin Hudson.

(a) RESIDENCE NO. 4305 Pinehurst avenue. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male.	white.	widower.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Amelia Virginia Hudson.

6 DATE OF BIRTH (month, day, and year) June 12, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector. Silver

(b) General nature of industry, business, or establishment in which employed (or employer) Jeweler. Smith.

(c) Name of employer Samuel Kirk. Co.

9 BIRTHPLACE (city or town) Wilmington (State or country) Delaware.

PARENTS

10 NAME OF FATHER Daniel Sargent Hudson

11 BIRTHPLACE OF FATHER (city or town) Wilmington (State or country) Delaware

12 MAIDEN NAME OF MOTHER Sarah Jane Crawford

13 BIRTHPLACE OF MOTHER (city or town) Wilmington Del. (State or country)

14 Informant Mrs. H. T. Harris (Address) 4305 Pinehurst Ave.

15 Filed 4-1934 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 2 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1934, to October 2, 1934, that I last saw him alive on October 2, 1934 and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility. Chronic Interstitial Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of none.

Was there an autopsy? no.

What test confirmed diagnosis? none.

(Signed) James Graham Marston, M. D.

19 (Address) 516 Cathedral Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Benjamins Cemetery DATE OF BURIAL 10/4/34

20 UNDERTAKER G. W. H. Lemmon Licensed

ADDRESS

D. B 1268-9

F 05314 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05314

CERTIFICATE OF DEATH

✓ 93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N. Carrollton Ave. St. 18-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ---- ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME George Graham. (C)

(a) Residence: No. 432 N. Carrollton Ave. St., ...Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day....hrs. or ....min.
	40	----		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Lee Kane. (C)

(Address) 432 N. Carrollton Ave.

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 4, 19 34

UNDERTAKER University of Md

(Address)

FILED 10-4-1934, 19 ....

Registrar.

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto H. Schmidt, M. D. Coroner

10/1/34 (Address) 1217 St. Charles St.

D. B 1268-9

F 05315

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05315

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 ft. Span Hanover St. Bridge. Ward) 3-01

Length of residence in city or town where death occurred 1w yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Boyle.

(a) Residence: No. 808 E. Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Do not know

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofT

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) South River, N. J.

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT James Laney.
(Address) 808 E. Pratt St.

BURIAL, CREMATION, OR REMOVAL
Place Interred at sea Date Oct 4 19 34

UNDERTAKER [illegible]
(Address)

FILED 4 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.30 p. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Cerebral Embolism.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto A. Reinhardt Coroner, M. D.

10/1/34 (Address) 1017 E. Charles St.

F05316

M. D. B. 28-9 F05316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E Randall St. 24-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara L. Kemp

(a) Residence: No. 414 E Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew Kemp.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizzie Kendall

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. E. Lentz
(Address) 414 E Randall

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/6 '34

19. UNDERTAKER J. J. Fahey Son
(Address) 1318 Light St

20. FILED Oct 6 '34 Harrington for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 '34

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 '34 to Oct 2 '34

I last saw h~~e~~ alive on Oct 2 '34 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John A. Schreuder M. D.

(Address) 1337 S. Charles St

M. D. B. 1268-9 F 05317

F 05317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1751 Edgewood St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62-7-26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Davis

(a) Residence: No. 1751 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank B Davis

6. DATE OF BIRTH (month, day, year) Feb 6th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Jane Downes

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Timmons

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT—Edwin Goodell

(Address) 1751 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/4/34

19. UNDERTAKER—F. B. Kuhnert & Son

(Address) 1300 Eutaw Place

FILED 4-1934 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1/34

22. I HEREBY CERTIFY, That I attended deceased from September 12 1934 to October 1 1934

I last saw her alive on October 1 1934 Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	7 days ago
Arterial Hypertension	2 yrs ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 1020 E Fayette St

M. D. F. 14-9 F 05318

F 05318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 24-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 E Barney St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Catherine Keefe

(a) Residence: No. 220 E Barney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Keefe

6. DATE OF BIRTH (month, day, year) Oct 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jos L Steele.

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Mary C. Corcoran

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mary Agnes Barrett 51.

(Address) 220 E Barney.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 10/6 34

19. UNDERTAKER J J Fitzgerton

(Address) J J 1318 Light St

20. FILED 10/6 34 Thomas J. Williams REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1934 to Oct. 3 1934

I last saw her alive on Oct. 3 1934 Death is said to have occurred on the date stated above, at 12:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/1/34
Other contributory causes of importance: Exhaustion	10/1/34

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Camerer M. D.

10/4/34 (Address) 1644 Hanover St

M. D. F. 1955-9

05319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46 05319

1. PLACE OF DEATH South Baltimore General St. 10-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry White

(a) Residence: No. 1233 Hulsband St., Ward. 8

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1887

7. AGE: Years 47 | Months 9 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Catherine White

(Address) 1417 Hull St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Co. Date 10/6. 34

19. UNDERTAKER H & B Harlr

(Address) 115 E Mad St

FILED 10-3-34 Huntington Williamsport

T4-1534

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Oct. 4, 1934

I last saw him alive on Oct. 3, 1934. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Finkel M. D.

(Address) South Baltimore Gen.

F 05320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH South Baltimore General (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 15-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lina Blum

(a) Residence: No. 1807 Ruxton Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Jan 6 1876

7. AGE Years 58 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Moses Blum

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Lina Moses 1807 Ruxton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Memorial Date 10/5/34

19. UNDERTAKER (Address) Levy Bros 5132 Baltimore Ave

20. FILED 10-14-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1934 to Oct. 4, 1934

I last saw h alive on Oct. 4, 1934 Death is said to have occurred on the date stated above, at 6:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis.	
Peritoneal Adhesions	
Bronchopneumonia	
Myocardial failure	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of Release of Adhesions

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Goetsch M. D.

(Address) South Baltimore General

M. D. P. 1268-9

F 05321

F 05321 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93003

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 428 E. 22½ St.) (12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Dennis

(a) Residence: No. 428 E 22½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Dennis

DATE OF BIRTH (month, day, year) (?) 1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O/C
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crewe, Nolaway, Virginia

13. NAME Crawley Dennis

14. BIRTHPLACE (city or town) (State or country) Nolaway, Virginia

15. MAIDEN NAME Rosa Branch

16. BIRTHPLACE (city or town) (State or country) Crewe Nolaway Virginia

17. INFORMANT Bertha Dennis
(Address) 428 E 22½ St.

18. BURIAL, CREMATION, OR REMOVAL
Place Crew. Va Date Oct 4 1934

19. UNDERTAKER Jno R. A. Elliott
(Address) 1129 N Carolina St.

20. FILED 1934 Huntington W. Lewis Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934, to Oct 1, 1934
I last saw him alive on Sept 30, 1934. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jas. D. Julian, M. D.

(Address) 434 E 23rd St.

H. D. P. 1269-9

Filipkin

05322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05322

CERTIFICATE OF DEATH

82-001

Registered No. 5601

1. PLACE OF DEATH Bon Secours Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Pulaski) (Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cecelia G. Helfrich

(a) Residence: No. 2208 Presbury St., Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced (or) WIFE of

DATE OF BIRTH (month, day, year) 5/30/69

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Mrs John Toomey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Louis Schaupp

(Address) 2208 Presbury St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Oct 5, 193

19. UNDERTAKER Easton Sons

(Address) Easton, Md.

20. FILED Oct 5 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1937, to 10-2, 1937

I last saw her alive on Oct 2nd, 1937. Death is said to have occurred on the date stated above, at 9 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Arteriosclerosis	
2 Cerebral Hemorrhage	10-2-37
3 Secondary Anemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel J. Shanahan M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-9

F 05323

05323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Northway Drive St., 27-01 Ward)

Length of residence in city or town where death occurred 51 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Margaret H. Floyd

(a) Residence: No. 3121 Northway Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John R. Floyd

6. DATE OF BIRTH (month, day, year) Oct. 2 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 97

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Jacobs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Ippen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John R. Floyd
(Address) 3121 Northway Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Oct. 5 1931

19. UNDERTAKER John F. Henry
(Address) 1 S. Eutaw St.

20. Filed ..... 1931 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 1931. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1931 to Oct 2nd, 1931
I last saw him alive on Oct 2nd, 1931 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

Thyroidectomy — Date of onset 2/84

Other contributory causes of importance:

Endocarditis —

Name of operation Tissue Date of —

What test confirmed diagnosis? Microscopical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thos. J. Stroud M. D.

(Address) 401 E. 25th St.

F 05324

M. D. P. 1265-9

05324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 47

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE (No. 24-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Durant

(a) Residence: No. 3702 4th St Brooklyn Ward Fredericksburg Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Addie Durant

7. DATE OF BIRTH (month, day, year): Sept 1 1860

7. AGE: Years 74 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Michigan

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Archie M. Wyne

(Address): 3702 4th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place: Fredericksburg Va. Oct. 5 1934

19. UNDERTAKER: John F. Denny

(Address): 715 Light St

20. FILED ... 19 ... Registrar.

10-5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-22-34 . 19 . to 10-3 . 1934.

I last saw h[illegible] alive on 10-3 . 1934. Death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung with Metastasis to Skull and Ribs	Jan 1934
Other contributory causes of importance: Secondary Anemia	Jan 1934

Name of operation: none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul Lukens . M. D.

(Address) 530 Dataposo Ave

M. D. B. 1268-9

05325

F 05325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 704 E. Chase St. St. 10-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ANNIE M. ALEXANDER

(a) Residence No. 704 E. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Alexander

6. DATE OF BIRTH (month, day, year) July 10th. 1857

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Luther S. Wright

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Copeland

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Cora Campbell

(Address) 3000 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Oct. 5th. 1934

19. UNDERTAKER Chas. H. Bauer & Son

(Address) 118 N. Mt. Royal Ave

Huntington Williams, Funeral Dir.

20. FILED Oct. 4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3rd. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 10 1934 to October 2nd 1934

I last saw her alive on October 2nd 1934 Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	2 Mo.
Hypostatic Pneumonia	
Other contributory causes of importance:	
Cerebral Sclerosis	5 Yrs.

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Geo. B. Saunders M. D.

(Address) 219 E. Preston St.

M. D. B. 1268-9

F 05326

05326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 236 Laurens St. St., 14th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME GABRIEL CLARK POLK.

(a) Residence: No. 236 Laurens St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Caroline E. Polk.

6. DATE OF BIRTH (month, day, year) Sept. 11th. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 66	11 0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brewery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Lucies C. Polk

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Caroline E. Polk.
(Address) 236 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Oct. 5 34

19. UNDERTAKER Chas. S. Tracey Son
(Address) 1111 W. Mt. Royal Ave

20. F... Huntington Williamson, Jr. Registrar.

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2nd. 1934

22. I HEREBY CERTIFY, That I attended deceased from 1925 to Oct 2 1934

I last saw h... alive on Oct 2 1934 Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

Thrombosis Cerebral Artery — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E R Dunz M. D.

(Address) 1733 Linden Ave

M. D. B. 1268-9

05327

F 05327

HEALTH DEPARTMENT—CITY OF BALTIMORE

288062

CERTIFICATE OF DEATH

✓ 91-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Felton

(a) Residence: No. 1429 Mulliken St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) 12/2/1899

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	34	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Washer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Charles Felton

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Oct 5 1934

19. UNDERTAKER Robert H. Williams
(Address) 1515 McElderry St.
Huntington Williams, Inc.

20. FILED ... 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-3- 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to Oct-3- 1934

I last saw him alive on Oct-3- 1934 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis

Date of onset ... 1934

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R Carmichael Leigh M. D.

(Address) Johns Hopkins Hospital

- 1934

M. D. P. 1268-9

F 05328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05328

V 107-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital Nursery St., Ward) Milburn & Caton

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby of Theresa Kranabitter

(a) Residence: No. 1836 W. Henry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Girl	White	Single

5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30 - 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5 Mons.		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME August Kranabitter

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Sarah C. Kindle

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) August Kranabitter 1836 W. Henry St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Cathedral Date Oct 5 1934

19. UNDERTAKER George L. Schwatt (Address) 2101 Eutaw Place

FILED 10-4-1934 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 10 - 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1934 to 10-3-1934.

I last saw h[illegible] alive on 10-3-1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Primary Disseminated Broncho-pneumonia	10/2/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 804 Cathedral St.

M. D. R. 1268-3

F 05329

05329 Rosedale

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2827 Cold Spring Lane St., 24-01 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Land

(a) Residence: No. 2827 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie

7. DATE OF BIRTH (month, day, year) 1874

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 04

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron Isaac Land

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT
(Address) 2827 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Herbert Rosedale Date Oct 5, 1934

19. UNDERTAKER Fol Twinson & Bro
(Address) 1127 E Baltimore St

20. Oct 1934 Huntington Williams M.D.
(Date) (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July - 12 -, 1934, to Oct - 4 -, 1934
I last saw him alive on Oct - 4 -, 1934. Death is said to have occurred on the date stated above, at 1-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute aleukemic-leukemia	about July 1934
Other contributory causes of importance: Bronchopneumonia	10/2/34

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

M. D. B 1268-A.

F 05330

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05330

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Foot of Ann St St. 3-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benny Rudnicki

(a) Residence: No. 534 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 8 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Antoni Rudnicki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Helen Benkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Rudnicki
(Address) 534 S Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Oct 5 1934

19. UNDERTAKER Fred W Cazewski
(Address) 1932 Eastern Ave

20. FILED Oct 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Accidental Drowned	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Oct 2 1934
Where did injury occur? Foot of Ann St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Fell overboard.
Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. F. Herzog M. D.
Coroner
(Address) 1305 N Patterson Park

M. D. B. 1068-9 F 05331

F 05331

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5100 Walther Ave. 27 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Belle Pfeiffer

(a) Residence: No. 5100 Walther ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of Geo. E. Pfeiffer

7. DATE OF BIRTH (month, day, year) Oct 25th 1863

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Austin Bowersock

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emma Curtis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo. E. Pfeiffer

(Address) 5100 Walther Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date Oct 6 . 34

19. UNDERTAKER Williams Cook

(Address) 417 St Paul Street

FILED Harrington Williams Md
(Registrar)

5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3rd . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1933 to Oct 3 . 34

I last saw h alive on Oct 3d . 1934 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Hypertension Pneumonia

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyla W. Bolley M. D.

(Address) 5703 Harford Rd

M. D. F. No. F 05332

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05332

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 9-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Walsh
(a) Residence: No. 1540 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widower
6. If ~~married, widowed, or divorced~~ HUSBAND of: Teresa M. Walsh
7. DATE OF BIRTH (month, day, year): May 25th 1870
8. AGE: Years 64; Months 4; Days 9; If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City College
11. Date deceased last worked at this occupation (month and year): Sept 1934
12. Total time (years) spent in this occupation: 5 yrs
13. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.
14. NAME: James Walsh
15. BIRTHPLACE (city or town) (State or country): Ireland
16. MAIDEN NAME: Elizabeth Thompson
17. BIRTHPLACE (city or town) (State or country): Ireland
18. INFORMANT: Mrs Katherine Murphy
(Address) 1540 Holbrook St
19. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Oct 8th 1934
20. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St
FILED: 10-5-34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 4, 1934
22. I HEREBY CERTIFY, That I attended deceased from September 26, 1934 to October 4, 1934
I last saw him alive on October 4, 1934. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Omental adhesion around splenic flexure of colon	?
2. Retro peritoneal mass - sarcoma? carcinoma?	
Other contributory causes of importance:	
1. Anemia malignant	about
2. Nephrolithiasis	
3. Pulmonary congestion - terminal	

Name of operation: Laparotomy Date of: 10-1-34
What test confirmed diagnosis: autopsy there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F M Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 05333

F 05333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH So. Balto. General Hosp

CITY OF BALTIMORE: (No. 1213 Light St.) (Ward) 14-C

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Annie Jackson

(a) Residence: No. 325 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married
6a. If married, widowed, or divorced: ~~(or)~~ WIFE of J. H. Bacon Jackson
6. DATE OF BIRTH (month, day, year): DEC 15 1876
7. AGE: Years 57 | Months 9 | Days 19 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mfg
10. Date deceased last worked at this occupation (month, day, year): Sept 25 - 1934
11. Total time (years) spent in this occupation: 40

BIRTHPLACE AND PARENTAGE
12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME: Wm Ed Croggon
14. BIRTHPLACE (city or town) (State or country): Wash. D C
15. MAIDEN NAME: Isabella E Carroll
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Bertha J Moore
(Address) 325 East Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Oct 6th 34

19. UNDERTAKER: Williams Cook
(Address) 1217 St Paul St

20. FILED: 5-1934 Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-3-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1934 to Oct. 3 1934
I last saw her alive on Oct. 3 1934 Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cancer of pancreas	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James S. Webb M. D.
(Address) 1213 Light St

M. D. B. 1938-9 F 05334

F 05334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Augusta Ave. St., 20-01 Ward)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. P. Henkell

(a) Residence: No. 316 S. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Henkell (nee Brunning)

6. DATE OF BIRTH (month, day, year) March 19, 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Chemical Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Henry Henkell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdalena Krauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Henkell
(Address) 316 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 6, 1934

19. UNDERTAKER Harry F. Lutze
(Address) 4101 Edmondson Ave.

20. FILED Oct. 6 1934 Thurston Williams Registrar

D-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18/33 . 19 . to Oct. 3/34. . 19 . I saw h[illegible] alive on Oct. 3/34 . 19 . Death is said to have occurred on the date stated above, at 8.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterio Sclerosis.	Unknown
Other contributory causes of importance:	
Malnutrition.	Unknown

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Henry Krech Clauss M. D.

(Address) 923 Hanover st.

M. D. B. F 05335 F 05335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Juniper Rd St. 17-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustus Albert Runge

(a) Residence: No. 3810 Juniper Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Elsie Faith Runge

6. DATE OF BIRTH (month, day, year) Feb 23/1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Interior Decorator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Emile A. Runge

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Louisa Green

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs Elsie Faith Runge
(Address) 3810 Juniper Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 5, 1934

19. UNDERTAKER J. L. Zell & Sons
(Address) 1701 E. Fayette St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from many years, 19... to Oct 2, 1934
I last saw him alive on Oct 1, 1934. Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	Oct 1
Other contributory causes of importance: Cardiac Venous Thrombosis	Sept 26 '34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Barrett Conner Cathell M. D.

(Address) 1404 Linden Ave

M. D. P. 1268-9 F 05336

HEALTH DEPARTMENT—CITY OF BALTIMORE F 05336

CERTIFICATE OF DEATH

Registered No. 290524

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.

Length of residence in city or town where death occurred ..... yrs. ..... mns. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Upshur

(a) Residence: No. 1621 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Viola

6. DATE OF BIRTH (month, day, year) 9/21/11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Hartford Upshur

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Burke Belle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cem Date Oct 5 1934

19. UNDERTAKER Lottie Gross (Address) 1408 Ashland Av. Balto

20. FILED Oct 5 1934 Elmer Wilson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-1 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 1934, to Oct-1 1934

I last saw h... alive on Oct-1 1934 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombocytopenic Purpura	9/15/34
Malignant Tumor - ? carcinoma arising in stomach with metastases to bone	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Karmichael Tilghman M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1939 F 05337

F 05337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Eden St. 10-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Johnson

(a) Residence: No. 717 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Sylvia Johnson

6. DATE OF BIRTH (month, day, year) Aug. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME David Johnson Sr.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sylvia Johnson

(Address) 717 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 6th 1937

19. UNDERTAKER Parrott & Mamie H. Knight

(Address) 218 N. Eden St

20. FILED Oct 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1937 to Oct 3 1937

I last saw h[illegible] alive on Oct 2 1937. Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset Sept 3, 1937

Other contributory causes of importance:

Chronic Nephritis

Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. J. Young M. D.

(Address) 412 S. Monroe St

M. D. B. 1268-9

F 05338

F 05338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Or) Baltimore City Hosp St. 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond H. Bubert

(a) Residence: No. 1515 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bubert

7. DATE OF BIRTH (month, day, year) Sept 1 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer & Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amanda Wiedmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Reg's Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 6 37

19. UNDERTAKER Albert M. Gregory
(Address) 740 E Fort Ave Balto

20. FILED Oct 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Oct 4, 1937

I last saw him alive on Oct 4, 1937 Death is said to have occurred on the date stated above, at 1:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6 days
Other contributory causes of importance:	Unk

Name of operation ... Date of None

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) I. P. Nagel M. D.

(Address) Balt City Hosp

F 05339

M. D. R. 1208-9

F 05339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 117 N. Front St. 5-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Feldman

(a) Residence: No. 117 N. Front St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced (or) WIFE of Isaac Feldman

6. DATE OF BIRTH (month, day, year) June 26 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yehuda Leib Monfitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Edna Cohen

(Address) 749 E. Henry st.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship 10-5-34 19

19. UNDERTAKER Louis Levine & Son

(Address) 1439 E. Baltimore st

20. FILED OCT 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Oct 5 1934

last saw her alive on Oct 4 1934 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Other contributory causes of importance: Broncho pneumonia	1

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Kadry M. D.

(Address) 2306 Eutaw Pl

F 05340

Spec.—1-10-21—M&T—1500 blks

F 05340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 82-001

REGISTERED NO. 345-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2602 Keyworth Ave ST., WARD)

2-FULL NAME Bodona Flax

(a) RESIDENCE NO. 2602 Keyworth Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Flax

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE — Years: 83 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Ephriam M—

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Un known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: John Flax
(Address): 2602 Keyworth Ave

15 Filed CT 5 - 1934 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 4 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15 1934 to October 4 1934.

that I last saw her alive on October 3 1934.

and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? hemiplegia

(Signed) M. H. Cutterman, M. D.

10/4 1934 (Address) 2324 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run.

DATE OF BURIAL: 10/5 1934

20 UNDERTAKER: Jack Lewis Inc

ADDRESS: 1439 E. Baltimore St

Spec.—2-2[illegible]—[illegible]

F 05341 Wicks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05341

CERTIFICATE OF DEATH

V 46

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 209 N. Fremont ave, ST., 4-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mertina Wicks

(a) RESIDENCE NO. 209 N. Fremont ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	widow

6 If married, widowed, or divorced / HUSBAND of (or) WIFE of William Wicks

DATE OF BIRTH (month, day, and year) Dont know

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

BIRTHPLACE (city or town) (State or country) Essex Co., Va.

10 NAME OF FATHER Thomas Roy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co. Va.

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

Informant Family

(Address) 209 N. Fremont ave

Filed [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3-'34

17 I HEREBY CERTIFY, That I attended deceased from Sept 5-'34 19 . to 10-3-'34 19 ,

that I last saw h alive on " 19

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Rectal Carcinoma

(duration) yrs. 6 to 8 mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. McCandlish, M. D.

10-4-'34 (Address) 524 D. Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Oct 6, 1934

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St.

M. D. B. 1268-9

F 05342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 121 F 05342

1. PLACE OF DEATH South Baltimore General

Registered No.

CITY OF BALTIMORE: (No.) St. 24-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Williams

(a) Residence: No. Margate Md St., Ward. D

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	10 9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James E Williams

14. BIRTHPLACE (city or town) (State or country) Atlanta Georgia

MOTHER

15. MAIDEN NAME Mary Lilly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E Caneld L Hostetson

(Address) Margate Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 6th 1934

19. UNDERTAKER Parish Dyson

(Address) 1602 W North Ave

20. FILED OCT 5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1934 to Oct 4, 1934

I last saw him alive on Oct. 3, 1934 Death is said to have occurred on the date stated above, at 6.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	
Peritonitis	
Contributory Obstruction	

Other contributory causes of importance:

Name of operation Appendectomy Date of 9/18/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. N. Hartel, M. D.

(Address) South Baltimore Gen

F 05343

M. D. B. 12604 F 05343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 Washington Blvd 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Kane

(a) Residence: No. 845 Washington Blvd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary R. Kane

6. DATE OF BIRTH (month, day, year) Nov 12 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	22,	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Kane

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary R. Kane

(Address) 845 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 10/16 1934

19. UNDERTAKER John F Cooney & Son

(Address) 601 Hollins St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10 1934 to Oct 4 1934

that I saw h[illegible] alive on Oct 4 1934 Death is said to have occurred on the date stated above, at 12.35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	10/3
Other contributory causes of importance: Carcinoma of Larynx	

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph N Laukaitis M. D.

(Address) 679 Washington Blvd

M. D. B. 1268-9 F 05344 F 05344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 E. 37th St St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Guarino

(a) Residence: No. 621 E. 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE Concetta Guarino

BATE OF BIRTH (month, day, year) Oct. 3 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired O.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Business

10. Date deceased last worked at this occupation (month and year) 11 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME OF FATHER Anthony Guarino

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME OF MOTHER Augustine Russo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Guarino Jr

(Address) 621 E 37th St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/6/34, 1934

19. UNDERTAKER J. A. Morgan

(Address) 3606 Eastern Ave

20. FILED , 19 Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1930 to Oct 3, 1934

I last saw him alive on Oct 2, 1934 Death is said to have occurred on the date stated above, at 1:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis —	1930
Other contributory causes of importance:	
Unknown	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John S. Fenby, M. D.

(Address) 3522 Greenmount Ave

F 05345

F 05345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Woodland ave St., 27-81 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theodore Fleckenschild

(a) Residence: No. 3410 Woodland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Annie E. Fleckenschild

7. DATE OF BIRTH (month, day, year) Oct. 24 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Henry H. Fleckenschild

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Clementine Jochens

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry H. Fleckenschild

(Address) 708 St Johns Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Oct 5, 1934

19. UNDERTAKER: John A. Moran

(Address) 3000 E. Baltimore St

19 Filed Register.

TE-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934 to Oct 2 1934

I last saw him alive on Oct 2 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch. Pneumonia	3 days
Coronary Thrombosis	
Fracture Hip	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Weeks M. D.

(Address) 5276 Park Hgts Ave

M. D. B. 1268-9

05346

HEALTH DEPARTMENT—CITY OF BALTIMORE

05346

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Westfield ave St., 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Filomena Coviello Capezio

(a) Residence: No. 2824 Westfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Capezio

6. DATE OF BIRTH (month, day, year) May 20, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Coviello

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Marie Olezita

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Capezio
(Address) 2824 Westfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 6, 1934

19. UNDERTAKER Frank V. Pitsitone
(Address) 251 E. Baltimore St

20. FILED 1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep. 30, 1934 to Oct. 3, 1934

I last saw her alive on Oct. 3, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/30/34

Other contributory causes of importance:
Diabetes Mellitus

Name of operation ... Date of ...

What test confirmed diagnosis? name Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify no

(Signed) Eugene L Pessagno, M. D.

(Address) 14 Druid Lane

M. D. B. 1208-9

F 05347

HEALTH DEPARTMENT—CITY OF BALTIMORE

05347

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Drozd (Drusch)

(a) Residence: No. [illegible] W. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hill Date 10/4 34

19. UNDERTAKER J. J. Fahey Est. (Address) 1318 Light St

Huntington Phillips, Registrar.

20. FILED # 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1930 to October 1, 1934

I last saw h.. alive on October 1, 1934 Death is said to have occurred on the date stated above, at 6-15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	?
Bronchopneumonia	6 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magid, M. D.

(Address) Balt City Hosp

F 05348

05348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 164-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 S. Ponca St., 76-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Maki Rinta (Maki)

(a) Residence: No. 821 S Ponca St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT S. Lang (Address) 513 S. Macon st

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date Oct 5 1934

19. UNDERTAKER Henry Lutz (Address) 1263 W Broadway

19 Registrar.

OCT 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poison Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Sept 30, 1934

Where did injury occur? 821 S. Ponca (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling Illuminating Gas

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Yeager M.D. M. D. Coroner

(Address) 1305 N. Patterson Park Ave

A&Co. Sft 2500 E 05349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05349

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2783 w. North St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelmina Habert

(a) Residence: No. 2783 w. North Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jacob Habert

6. DATE OF BIRTH (month, day, year) Aug 28 1858

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Wiechmann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Uhlmann
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Maria A. Habert
(Address) 2783 w North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 8 1934

19. UNDERTAKER Jos Soerdens & Son
(Address) 1217 E. Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1934 to Oct 4 1934

I last saw her alive on Oct 1 1934 death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis	6 mos

Other contributory causes of importance:

Name of operation not any Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jane C. Dickson M. D.
(Address) 3055 W. North Ave.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05350 M F 05350

CERTIFICATE OF DEATH

A 210-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Stalks

(a) Residence: No. Bergues, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maria

6. DATE OF BIRTH (month, day, year) July 5, 1892

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	42	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Walter Stalks

14. BIRTHPLACE (city or town) (State or country) Foster Co., Va

15. MAIDEN NAME Alice White

16. BIRTHPLACE (city or town) (State or country) Foster Co Va

17. INFORMANT Maine Stalks

(Address) Bergues, Md

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Oct 6th 1934

19. UNDERTAKER Ida. Saunders

(Address) 1129 Carolina st.

Baltimore Md

19. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1934

22. I HEREBY CERTIFY, That I attended deceased from

Unknown 19..., to 19...

I last saw h... alive on Unknown 19... Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures Shock	

Other contributory causes of importance:

Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis: None Was there an autopsy: No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 10/3 1934

Where did injury occur? Eastern Ave at Ponca Marsh Co

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of Injury Walking Across road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tokarny Coroner M. D.

(Address) 2209 E Madison St

M. D. B 1268-9

F 05351

05351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N Dallas St., 6-D Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Ryans

(a) Residence: No. 824 N Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Jessie Ryans

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ellen Washington

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Ellen Ryans (mother)

(Address) 824 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 4 1934

19. UNDERTAKER Mrs Roberts & Elliott-Mayse

(Address) 129 E Caroline St.

FILE # 1934 Hunting-Williams Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Oct 3, 1934

I last saw him alive on Oct 2, 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1934

Other contributory causes of importance:

Pleurisy & Effusion	July 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Ryans M. D.

(Address)

M. D. B. 1268-9

F 05352

05352 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. 305 N Ward) St., 22 Ward
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Blanch Robinson
(a) Residence: No. 418 E Edgewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thomas W. Robinson
6. DATE OF BIRTH (month, day, year): Apr 26/1888
7. AGE: Years: 46; Months: 5; Days: 8; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER
13. NAME: Chas E. Houck
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Ella Bussing
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Thomas W. Robinson
(Address) 418 Edgewood St
18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cem Date: 10/6/34 19
19. UNDERTAKER: Philip Henrig Sons
(Address) 2616 Orleans St
20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-3 . 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 21 . 1934 to Oct 3 . 1934
I last saw her alive on Oct 3 . 1934 Death is said to have occurred on the date stated above, at 5 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis with Suppuration	
Localized Peritonitis	
Pulmonary embolism	

Other contributory causes of importance:

Name of operation: Appendectomy with drainage Date of 9/22/34
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
No If so, specify .....
(Signed) George E Burgtorf Jr M. D.
(Address) University Hospital

M. D. B. 1268-9

F 05353

05353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 E. Lanvale St. St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... moa. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY ELLEN PARKS

(a) Residence: No. 1421 E. Lanvale St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Parks Sr.

6. DATE OF BIRTH (month, day, year) December 19th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Nestor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Flatley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William J. Parks Sr.

(Address) 1421 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Oct. 6th. 1934

19. UNDERTAKER Chas. P. Gaus & Son

(Address) 115 W. Lafayette Ave

20. FILED Oct 6 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4th. 34

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1933 to Oct 4 1934

I last saw h. alive on Oct 4 1934 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	4/24/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James A. Carpenter M. D.

(Address) 724 Mc Culloh St

M. D. B. 1268-9

E 05354

HEALTH DEPARTMENT—CITY OF BALTIMORE

05354

CERTIFICATE OF DEATH

✓ 164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 E Biddle St. 10-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barthelmay Reuberry

(a) Residence: No. 1427 E Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Whilhelmina Reuberry

6. DATE OF BIRTH (month, day, year) June 23 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ok

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Barthelmay Reuberry

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Anne McDerough.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Minnie Reuberry.
(Address) 1427 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 6 1934

19. UNDERTAKER George J. Puth Inc.
(Address) 735 Hanford Ave.

20. FILED Oct 6 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above at about 4 P. M.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 10/4/34 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Burner of gas range removed & hose attached & in mouth.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. P. 1268-9

F 05355

5355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

9-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Childrens Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Eisner

(a) Residence: No. 2302 Harford Rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20 - 1934

7. AGE Years	Months	Days 15 16	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Howard Eisner

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Marie Kraft

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Howard Eisner
(Address) 2302 Harford Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~.
Place Western Cemetary Date 10/6 1934

19. UNDERTAKER Leo D Cook
(Address) 1123 N Patterson Pk Ave, Baltimore, Md

20. FILED ... 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Oct 5 1934

I last saw him alive on Oct 4 1934. Death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/4/34
Congenital stenosis of oesophagus	9/20/34
Tracheo-oesophageal fistula	9/20/34

Other contributory causes of importance:

Gastrostomy	10/4/34
Emaciation	

Name of operation Gastrostomy Date of Oct 4, 34

What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. Strauss M. D.

(Address)

5 - 1934

M. D. B. 1268-9

E 05356

HEALTH DEPARTMENT—CITY OF BALTIMORE

05356

CERTIFICATE OF DEATH

V 181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 8-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Audrey Godsey

(a) Residence: No. 3003 Erdman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26/1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Walter Godsey

14. BIRTHPLACE (city or town) (State or country) Mathews, Va.

15. MAIDEN NAME Marie Norfolk

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Walter Godsey
(Address) 3003 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Cemetery Date Oct 5 ... 1934

19. UNDERTAKER Leo E. Cook
(Address) 1223 N Pattonsville Ave

... 19 ... Registrar.

FILED 10-5-1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Oct 4/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
Other contributory causes of importance: Burns - body arms & legs	Jul 18/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/18/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place playing with matches under

Manner of injury outside steps of residence.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 506 Lorraine

M. D. B. 1268-9

05357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05357

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4719 Hazelwood Ave., Raspeburg St., 26th Ward)

26-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Lee Keller

(a) Residence: No. 4719 Hazelwood Ave., Raspeburg St., 26th Ward.
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Oscar Keller

6. DATE OF BIRTH (month, day, year) Dec. 18, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) (State or country) Frederick, Maryland

FATHER

13. NAME John Spinks

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Mary Perkins

16. BIRTHPLACE (city or town) (State or country) Richmond, Virginia

17. INFORMANT Mrs. John Milchling
(Address) 4719 Hazelwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 8th 1934

19. UNDERTAKER Wm Cook
Address Huntingdon Ave. Baltimore, Md.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1930 to Oct. 5 1934

I last saw her alive on Oct. 4th 1934 Death is said to have occurred on the date stated above, at 5:30A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the uterus.	Feb. 1930.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Wilkinson, M. D.

(Address) A. L. Wilkinson, 5713 Belair Rd., Balto., Md.

M. D. P. 1268-9

F 05358

05358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Wilson

(a) Residence: No. Del Parr Apts. York Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
female	white	Widowed

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Tunis L. Wilson

6. DATE OF BIRTH (month, day, year) July 24 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 1928

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alfred M. Slade

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sophia McComas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mabel H. Wilson

(Address) 5306 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 8 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams

Registrar

OCT 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1934 to October 4, 1934

I last saw her alive on October 4, 1934 Death is said to have occurred on the date stated above, at 6 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis.	
2. Chronic myocarditis with cardiac hypertrophy and dilatation.	

Other contributory causes of importance:

Terminal congestion of lungs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-9

05359 E 05359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter J. H. Reed Jr

(a) Residence: No. 2330 Washington Blvd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18/932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter J. H. Reed Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Charlotte Emrich

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Walter J. H. Reed

(Address) 2330 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 6, 1934

19. UNDERTAKER John F Denny

(Address) 715 Eutaw St

20. Filed 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 3-1934

Other contributory causes of importance:

None

Name of operation Surgeries Date of Oct 2-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos L. Volentine M. D. Coroner

(Address) 16 S. Howard

Spec.—9-30—A. & Co.—250 Bks.

05360 F 05360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1109 Mosher St 16-9th WARD)

2-FULL NAME Eva Ritter

(a) RESIDENCE NO. 1109 Mosher ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	1884	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) — 070
(c) Name of employer No

9 BIRTHPLACE (city or town) (State or country) Marion S. C.

PARENTS
10 NAME OF FATHER Archie Wright
11 BIRTHPLACE OF FATHER (city or town) (State or country) Marion S. C.
12 MAIDEN NAME OF MOTHER Rosa Wright
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Marion S C

14 Informant Annie Ferrer
(Address) 1109 Mosher St.

Filed 5-1934, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 / 34

17
I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934, to Oct 5 1934
that I last saw her alive on Oct 4 1934
and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher M. D.
10/5 1934 (Address) 1 x x 5 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery — DATE OF BURIAL Oct 9 1934

20 UNDERTAKER Adolphus Hall — ADDRESS 952 Druid Hill Ave

M. D. B 1268-9

F 05361

05361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2510 Greenmount Ave. St. 12-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Waltjen

(a) Residence: No. 2510 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth

6. DATE OF BIRTH (month, day, year) July 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Waltjer

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Bower

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Dall
(Address) 515 Nottingham Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemy. Date 10/5/34 19

19. UNDERTAKER Wm. C. Mitchell & Son
(Address) 1900 Eutaw Place

FILED 6-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19 , to Oct. 4, 1934

I last saw him alive on Oct. 3, 1934 Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate gland	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 5600 York Road.

M. D. R. 1268-9

F 05362

05362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Mt. Royal Ave St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Lee Dubel

(a) Residence: No. 1341 Mt. Royal Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William S. Dubel

6. DATE OF BIRTH (month, day, year) Oct. 19, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Md.

FATHER

13. NAME Augustus F. Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriet W. Wheeler

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT George L. Hurman
(Address) 5726 Clover Road

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Oct. 9, 34

19. UNDERTAKER John C. Sittler & Sons
(Address) 1900 Eutaw Place

20. FILED Oct 5 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1934 to October 4, 1934

I last saw h[illegible] alive on October 4, 1934 Death is said to have occurred on the date stated above, at 10 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease with hypertension (arteriosclerotic)	10 years
Other contributory causes of importance: coronary thrombosis	5 days
Embolus	1 hr.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frankel Smith, Jr. M. D.

(Address) 927 N. Calvert Street

M. D. F 1268-9

F 05363

F 05363 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 122-002

1. PLACE OF DEATH St. Agnes Hospital W. Lehens or Cat. Ave.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Alice Cool

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Emmitsburg Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 21 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo Cool

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Topper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo Cool
(Address) Emmitsburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg Md Date Oct 7, 1934

19. UNDERTAKER H. F. Shuff Emmitsburg Md
(Address)

Oct 7 1934, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1934 to Oct 5, 1934

I last saw her alive on Oct 5, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascaris lumbricoides infestation	?
Intestinal obstruction	10-5-34
Secondary Anemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (No), specify.

(Signed) Carl G Merkel, M. D.

(Address) St Agnes Hosp.

M. D. F. 1268-9

05364 E 05364

05364 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Mitchell

(a) Residence: No. Ellicott City, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of / late WIFE of

6. DATE OF BIRTH (month, day, year) Feb - 21 - 34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7 mos	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Wade Mitchell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hazel Porter

16. BIRTHPLACE (city or town) (State or country) Ilchester Md.

17. INFORMANT Wade Mitchell

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 10-6-34

19. UNDERTAKER [illegible]

(Address) Ellicott City Md

6 - 1934 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/29/34 , 19 , to Oct 5, 1934 , 19

I last saw h (alive on Oct 5 , 1934 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition - Alimentary Intoxication.	
Enteritis & Colitis.	

Other contributory causes of importance:

Dehydration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith , M. D.

(Address) Mercy Hosp.

M. D. B 1268-9

05365 E 05365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3121 Sumter Avenue St. 27-81 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Gertrude Cohn

(a) Residence: No. 3121 Sumter Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Adolphus Cohn

6. DATE OF BIRTH (month, day, year) Sept 28th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co., Va.

FATHER

13. NAME John A. Owens

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Ann Jenkins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Henry A. Cohn
(Address) 3121 Sumter Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Oct 6th 1934

19. UNDERTAKER H. J. Eichner & Sons
(Address) North Avenue and Washington Ville

20. FILED 6 M. 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1934 to Oct 4 . 1934

I last saw h alive on Oct 4 . 1934. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis cirrosis and myocarditis	
Other contributory causes of importance: Cerebral accident	Sept 2-34

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kader . M. D.

(Address) 2306 Eutaw Place

M. D. F. 1268-9

05366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 05366

+ 94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Leonard Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Elizabeth Durham

(a) Residence: No. Cockeysville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Durham.

6. DATE OF BIRTH (month, day, year) May 12 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 ~~yrs~~	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Md

MOTHER FATHER

13. NAME ~~Martha~~ Kelly

14. BIRTHPLACE (city or town) (State or country) Manchester, Md

15. MAIDEN NAME Catherine Boyer

16. BIRTHPLACE (city or town) (State or country) Pinetown, Md

17. INFORMANT Mrs Eddy Kuester

(Address) 2720 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arcadia, Md Date Oct 8 1934

19. UNDERTAKER Mrs Dickey & Sons

(Address) 701 N Pennsylvania Ave

20. FILED 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-4-34. 19 . to 10-4-34. 19

I last saw h... alive on 10-4-34. 19 . Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset 10-1-34

Coronary thrombosis
Acute Gastro-Enteritis
Terminal broncho-pneumonia

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Langeluttig M. D.

(Address) Union Hosp.

M. D. B 1268-9

05367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05367

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Mondawmin Ave., St. 15-al Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ellen Curtis

(a) Residence: No. 3321 Mondawmin Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Curtis

6. DATE OF BIRTH (month, day, year) June 23rd 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	70	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER

13. NAME ? Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Frank C. Curtis

(Address) 3321 Mondawmin Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Oct. 6 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED ..... 19.... Registrar.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1 1934 to Sept 4 1934

I last saw h[illegible] alive on Sept 3 1934. Death is said to have occurred on the date stated above, at 7.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach a/f	8-1-33
Valvular Heart Disease a/f	1-1-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible]

(Address) 1203 W Fayette St

M. D. P. 1268-9

F 05368

05368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3923 Belvoir ave 15-21 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Susan Crawford Roulston

(a) Residence: No. 3923 Belvoir St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt Roulston

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McLeod

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Margaret D Roulston

(Address) 3923 Belvoir

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 6 1934

19. UNDERTAKER Jno F Cushwa & Sons

(Address) Baltimore Md

20. FILED Oct 8 1934 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1934 to Oct 4 1934

I last saw h... alive on Oct 4 1934 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, croupous, lobar	8-9 weeks
Cardiac insufficiency	over

Other contributory causes of importance:

slight arterio sclerosis
cardiac dilatation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harrington Williams, M. D.

(Address) 3402 Frankland

M. D. B. 1269-0

05369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 05369

117-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital Room 227

CITY OF BALTIMORE: (No.) St. 12 - 81 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Eleanore Wright

(a) Residence: No. 2936 Guilford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gr. Ed. Dept. Fully 25 yrs.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME H. C. J. Wright

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Foard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Cleveland Archer
(Address) 2936 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Fork M. E. Cem. Date Oct 8, 1934

19. UNDERTAKER Clarence E. Arthur
(Address) Fork Md.

FILED 6-1934 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1934 to Oct 5, 1934

I last saw her alive on Oct 5, 1934 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal ulcer	Oct 4
Chemical peritonitis (Bile)	

Other contributory causes of importance:
Dehydration
Collapse

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George E. Brayton Jr. M. D.

(Address) University Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

05370 05370

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-A St. (Ward)

Length of residence in city or town where death occurred 55 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME John Wise

(a) Residence: No. 1558 Fremont ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Wise

6. DATE OF BIRTH (month, day, year) mar 30 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME of Frederick wise

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Grey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elizabeth Wise

(Address) 1558 Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 8 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1228 Pennsylvania ave

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1934 to Oct 4 1934

I last saw him alive on Oct 4 1934 Death is said to have occurred on the date stated above, at 1155 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Uraemia

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Cystostomy Date of 9-28-34

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how? M. D.

(Signed)

(Address) Resident Physician

M. D. B. 1268-9

05371 ✓ E 05371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 743 Vine St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Odessa Starrt

(a) Residence: No. 743 Vine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Ford Starrt

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hilda Gustis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hilda Street

(Address) 743 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Oct 6, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 S. Schroeder St.

20. FILED ____, 19____ ____ Registrar

6-1934

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Oct 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____ to ____, 19____

I last saw h____ alive on ____, 19____ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Primary Broncho-pneumonia	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Grover Kelly, M. D. Coroner

(Address) 3300 Eastern Ave.

M. D. B. 1268-9

05372 ✓ F 05372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Fifer (Lillie Mae Dorsey Pheiffer)

(a) Residence: No. 1224 Shields Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sherman Fifer

6. DATE OF BIRTH (month, day, year) 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Dorsey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Leslie Simms

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Oct 6 1934

19. UNDERTAKER Dent Eastburn
(Address) 946 Edmondson Ave

20. FILED 6 1934 Registrar.

ADM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26 1934 to Oct. 4 1934

I last saw her alive on Oct. 4 1934 Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) Baltimore City Hospitals

M. D. B 1202-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05373

05373

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1636 Argyle Ave. (St.) 17-01 (Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Susie Burton

(a) Residence: No. 1036 Argyle Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color: Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thos Burton

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years: 36 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): S. C. Mikenopa

FATHER

13. NAME: S. C.

14. BIRTHPLACE (city or town) (State or country): Mikenopa S. C.

MOTHER

15. MAIDEN NAME: Mikenopa

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT (Address): Laurence Gettine 1131 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date Oct 3 1934

19. UNDERTAKER (Address): Lowe Bros 216 E Lexington Huntington Williams, Inc

Registrar.

FILED 6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Pregnancy

Last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction 2 days — Date of onset ...

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Blank Coroner, M. D.

(Address) Canon

M. D. F 1268-9

05374 M F 05374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital S-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Fueschel

(a) Residence: No. 3401 Ravenwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J.

6. DATE OF BIRTH (month, day, year) Nov. 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	029	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fueschel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kuppern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert J. Fueschel

(Address) 3401 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Oct 6 1934

19. UNDERTAKER C. B. Hilpert & Son

(Address) 130 Eutaw Place

FILED 6-1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Unsw ..., 19..., to ..., 19...

I last saw h. alive on Unsw, 19... Death is said to have occurred on the date stated above, at 8:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock.	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/30, 1934

Where did injury occur? Belair Rd & Parkside Drive (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Carey Coroner M. D.

(Address) 1220 E Madison St

M. D. B 1268-9

F 05375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05375

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2553 W Lombard St.) (Ward) 20-01

Length of residence in city or town where death occurred ... yrs. 50 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Oswald Pueschel

(a) Residence: No. 2553 W Lombard St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise C. Arold

6. DATE OF BIRTH (month, day, year) March 18, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman .032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret. Mfg. Jeweler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Baden

FATHER

13. NAME Albert Pueschel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma J. Lenfritz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis C. Pueschel

(Address) 2553 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Sept 8, 1934

19. UNDERTAKER F. B. Rippert & Son

(Address) 130 Eutaw Place

Huntington Williams Registrar

20. FILED 9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 23 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Sept 4 - 1934

Other contributory causes of importance:

None

Name of operation Autopsy Date of Sept 7-34

What test confirmed diagnosis? C. O. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. W. Triplett M. D.
Coroner

(Address) 16 Solvay

M. D. B. 1268-9

F 05376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05376

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... St. 10-A (Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Irene G. Tisdale

(a) Residence: No. 818 N. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Female

4. Color or Race — Colored

5. Single, Married, Widowed, or Divorced (write the word) — Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Nolon Tisdale

6. DATE OF BIRTH (month, day, year) — Born Jan 31 1910

7. AGE — Years: 24 | Months: 6 | Days: 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home ?

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — Doniville Va

FATHER

13. NAME — Henry Stebbard

14. BIRTHPLACE (city or town) (State or country) — Doniville Virginia

MOTHER

15. MAIDEN NAME — Nannie Tomore

16. BIRTHPLACE (city or town) (State or country) — Doniville

17. INFORMANT (Address) — Hospital Record

18. BURIAL, CREMATION, OR REMOVAL — Mt Calvary Cemetery 10/7 1934

Place

19. UNDERTAKER (Address) — Robert H. Young 504 N. Caroline St

Huntington Williams, Registrar.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Oct 3, 1934

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1934 to Oct 3, 1934

I last saw ... alive on Oct 5, 1934 Death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri — Date of onset 5 Months

Other contributory causes of importance:

Anemia Secondary ?
Malnutrition ?
Recto-Vaginal Fistula ?

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis? Biopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jones MD Not to sign

(Address) Bolton City Hospitals

M. D. B. 1268-9

05377

F 05377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Latham

(a) Residence: No. 657 W Lee St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) Nov 25, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Jackson

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Hulda Bank

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Records
(Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Oct 7, 1934

19. UNDERTAKER Joseph A Lively
(Address) 409 N. Mount street

Harrison Funeral Home

FILED OCT 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1934, to Oct 7, 1934

I last saw him alive on Oct 7, 1934 Death is said to have occurred on the date stated above, at 6 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage right	
c Hemiplegia, left	1WK
Myocardial Insufficiency	
c congestive failure	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P Russell M. D.

(Address) East City Hosp

A&Co. 5-11 250B

E 05378

HEALTH DEPARTMENT—CITY OF BALTIMORE

05378 ✓ 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Rayner ave. St. 16-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Boardley

(a) Residence: No. 2506 Rayner ave St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jas. P. Boardley

6. DATE OF BIRTH (month, day, year) April 4th. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5 6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Philip Banks

14. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

MOTHER

15. MAIDEN NAME Rebecca Gibson

16. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

17. INFORMANT Rebecca Banks (Daughter)
(Address) 2506 Rayner ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Cemetery Date Oct 8, 1934

19. UNDERTAKER Joseph A Lucky
(Address) 1402 W. Monument Street

20. FILED Oct 8 1934 Huntington Williams, N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4th. 1934, to Oct. 4th. 1934

I last saw her alive on Oct. 4th 1934 death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	10/4/1934
Other contributory causes of importance:	
Ch. Inter. Nephritis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public ...

How ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st

M. D. B 12684-0

E 05379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05379

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 S. East ave St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Fialkowski

(a) Residence: No. 834 S. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Tomzak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Kobus

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Cecilia Zakka
(Address) 834 S East ave

18. BURIAL, CREMATION OR REMOVAL
Place Holy Rosary Date Oct 9 1934

19. UNDERTAKER Chas J Fialkowski Inc
(Address) 1000 N. Kenwood ave

FILED 19 Registrar.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Neary MD M. D.
Coroner

(Address) 1305 E Baltimore St

M. D. F. 1269-30 F 05380

F 05380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., 21 W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Shilon

(a) Residence: No. 1132 Scott St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md

FATHER

13. NAME Wilmer Shilon

14. BIRTHPLACE (city or town) Balto, (State or country) Md

MOTHER

15. MAIDEN NAME Ella Ball

16. BIRTHPLACE (city or town) Balto, (State or country) Md

17. INFORMANT Mrs. D. Shilon

(Address) 1132 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 8 19 34

19. UNDERTAKER Lyndenham Burying

(Address) 200 Lyndenham Place

20. FILED Oct 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 34

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 19 34 to Oct 5 19 34

I last saw him alive on Oct 5 19 34. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Laryngitis	Sept 26
Cervical adenitis	Sept 29
Septicemia	Oct 1.

Other contributory causes of importance:

Impetigo	2 weeks

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachmore M. D.

(Address) Lyndenham Hospital

OCT 7 1934

Spec. 140 21 F 05382

F 05381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 81

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Kernans Hospital St. 28-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Lee

(a) RESIDENCE NO. Montreal School for Girls St. Registration Dist. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 20. 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	14	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Not known

PARENTS

10 NAME OF FATHER Dudley Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Hospital Records

(Address)

15 Filed OCT 7 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4 .1934. to Oct 5 .1934.

that I last saw her alive on Oct 5 .1934.

and that death occurred, on the date stated above, at 6⁰⁰ p m.

The CAUSE OF DEATH* was as follows:

1 Acute Cardiac failure

2. Hemi-Vertebrae 11th Dorsal

(duration) 2 - 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10-5-34

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) J. R. Brown, M. D.

, 19 (Address) Kernans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mineral Va Oct 7 1934

DATE OF BURIAL

20 UNDERTAKER: John C. Miller

ADDRESS: 2435 E. Alma

TION is very important. See instructions on back of certificates.

M. D. P. 1268-9

F 05382 — M F 05382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Cambridge St., 1-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude I. Everhart

(a) Residence: No. 2302 Cambridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Westminster Md.

MOTHER

13. NAME: Grosge Everhart

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Elizabeth Lane

16. BIRTHPLACE (city or town) (State or country): Westminster Md

17. INFORMANT: Mary L. Thomas
(Address): Canton House

18. BURIAL, CREMATION, OR REMOVAL
Place: Silver Run Md Date: Oct 9th 19 34

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

OCT 7 - 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 19 34 to Oct 4 19 34

I last saw h alive on Oct 4 19 34 Death is said to have occurred on the date stated above, at 11.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation Left Knee	9/1/34
Acute Cardiac Dilatation	10/1/34

Other contributory causes of importance:

Automobile Accident	9/1/34

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/1 19 34

Where did injury occur? 1700 Block Fleet St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street Accident

Manner of injury: Struck by auto while walking across street

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph O'Koonz M. D.
Coroner

(Address) 2200 E. Madison St.

Spec.—1-10-21—M&T—1500 Blks.

F 05383

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05383

CERTIFICATE OF DEATH.

124-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 W. Fayette ST. 19-01 WARD)

2-FULL NAME George Elkins McDaniel

(a) RESIDENCE NO. 1847 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Ruby Irene McDaniel

6 DATE OF BIRTH (month, day, and year): July 18th 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Employment Officer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Bethlehem Steel Co. Balto

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Geo. L. McDaniel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Ellen M. Donovan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Ruby Irene McDaniel

(Address): 1847 W. Fayette St

15 Filed: CT 7-1934 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934, to Oct 5, 1934, that I last saw him alive on Oct 5, 1934, and that death occurred, on the date stated above, at 1.57 P m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation,

(a) of Colitis "Chronic Interstitial"

Cirrhosis of Liver "non Alcholic"

(duration) 1 yrs. or more mos. ds.

CONTRIBUTORY (Secondary) (a) Chronic Bronchitis

(duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~No~~

Did an operation precede death? No Date of ~~No~~

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard L. Israel M.D.

10/5, 19 (Address) 2327 Druid Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Oct 7* 1934

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificates.

M. D. B. 1288-9 F 05384

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05384

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Clinton St. 26-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Oswell Schmidt

(a) Residence: No. 718 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~ ~~Widowed~~ ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~wife of~~ Florence B. Schmidt

6. DATE OF BIRTH (month, day, year) July 28 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Hahn

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick M. Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence B. Schmidt

(Address) 718 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Date Oct 9 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Oct 11 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19.. I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Hergrond M. D.

(Address) 130 S. Patterson Park Ave Coroner

M. D. P. 1266-B

F 05385

John N Kinnear

F 05385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Boyce Av. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John N. Kinnear

(a) Residence: No. 2217 Boyce Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Rose Kinnear

6. DATE OF BIRTH (month, day, year) May 17 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l Cont. Work

10. Date deceased last worked at this occupation (month and year) Sept.

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Kinnear

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs Rose Kinnear (Address) 2217 Boyce Av.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Oct 8th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED Oct 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1934 to Oct 6th 1934

I last saw h[illegible] alive on Oct 5 1934 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

Empyema Left Side

Pleural Effusion

Pneumonia

Date of onset 1934

Other contributory causes of importance:

Failing Heart

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 1705 N. North Av.

T-1934

M. D. B 1261-A

F 05386

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05386

CERTIFICATE OF DEATH

✓ 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Nathan Teniamow

(a) Residence: No. 131 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced	7. DATE OF BIRTH (month, day, year)
HUSBAND of (or) WIFE of Dora	Jany 15/1877

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Button Hole Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frank Teniamow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dora Teniamow

(Address) 131 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Herrew Rodale Date 10/7/34 19

19. UNDERTAKER Sol Kaufman Inc

(Address) 439 E. Baltimore St

20. FILED 19 Registrar

OCT 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5/34. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	
Cardiac Failure	

Other contributory causes of importance:

Carcinoma of Rectum	???

Name of operation for carcinoma 2 yrs ago Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

M. H. R. 1968-A 05387

F 05387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Druid Hill Ave St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Cooper

(a) Residence: No. 1008 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rosie Cooper

6. DATE OF BIRTH (month, day, year): 4/5/1888.

7. AGE: Years: 46; Months: 6; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: James Cooper

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mincy Alston

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Rosie Cooper

(Address): 1008 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: 10/7, 1934

19. UNDERTAKER: Granges A Hemdley

(Address): 578 W. Biddle St.

20. FILED: 10-7-1934 Huntington Williams N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1934 to Oct 5, 1934

I last saw h[illegible] alive on Oct 5, 1934 Death is said to have occurred on the date stated above, at 12 5[illegible] m.

The principal cause of death and related causes of importance were as follows:

Paralysis of muscles of deglutition with consequent sepsis edisis — Date of onset:

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation: Ind Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Ind Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Stuart Hundley M. D.

(Address) 1202 Druid Hill Ave

M. D. B. 1268-9 F 05388 F 05388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Arunah St., 14-01 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rowland E. Wells

(a) Residence: No. 1405 Arunah St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Rowland E. Wells

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Dorothy Schlesinger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Rowland E. Wells
(Address) 1405 Arunah St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cem. Date 10/9/34

19. UNDERTAKER J. Pleasant Lee
(Address) 1122 Eutaw Place

FILED ... 19... Title ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6/34

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1934 to Oct 6 1934

I last saw her alive on Oct 5 1934. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Tuberculosis	1 week
Other contributory causes of importance: Toxic Enterocolitis	1 week

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. V. Howard M. D.

(Address) 16 Chase Court

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

T1-1934

M. D. B. 1208-9

F 05389

F 05389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-004

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Lombard St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George B. Allen

(a) Residence: No. Jones Creek St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M.

6a. If married, widowed, or divorced: HUSBAND of Rose E. Allen

6. DATE OF BIRTH (month, day, year) Sept 7 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28		28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 079

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Upper Pt Maryland

FATHER

13. NAME Patrick H. Allen

14. BIRTHPLACE (city or town) (State or country) Upper Pt Md

MOTHER

15. MAIDEN NAME Catherine Schuler

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Fred A Allen
(Address) 1410 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 8 1934

19. UNDERTAKER John F Denny
(Address) 715 Eutaw St

FILED OCT 7 1934 Attention Mrs. Williams, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to October 4 1934

I last saw h in alive on 10-4 1934 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor of 3rd Ventricle	1933
Meningitis	10-4-34
Hemiplegia, Left.	3-29-34
Other contributory causes of importance: Myocardial failure	10-4-34

Name of operation Bone Flap. Date of 3-28-34

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. L. Fleming M. D.

(Address) University Hospital

M. D. R. 1266-0 F 05390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05390

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Filbert St. St., 25-01 Ward)

Length of residence in city or town where death occurred 54 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida F. Rossman.

(a) Residence: No. 1529 Filbert St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Herman F. Rossman.

6. DATE OF BIRTH (month, day, year) December 9, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John C. Schram.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Julia A. Petry.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Herman F. Rossman. (husband)

(Address) 1529 Filbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 8, 1934

19. UNDERTAKER John G. Denny

(Address) 1115 Light St.

20. FILED 10-7-1934 Hunter Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Steinhardt M. D.
Coroner

10/5/34 (Address) 1017 E. Charles St.

M. D. F. 1203-9 F 05391

✓ F 05391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Baltimore, Md St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Israel Miller

(a) Residence: No. 17 N. Pine St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Yetta Miller

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) 0-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Shanie Berman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry J. Miller

(Address) 3719 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date Oct 7, 1934

19. UNDERTAKER S. Levinson Bro

(Address) 1127 E Balto St

20. FILED Oct 8 1934 Wm. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1934 to October 6, 1934.

I last saw h[illegible] alive on October 6, 1934 Death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?

Other contributory causes of importance:

Chronic Nephritis	?

Name of operation Decapsulation Date of 10-2-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Weinman, M. D.

(Address) Sinai Hospital

M. D. B. 1268-A F 05392 ✓ F 05392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Auchentoroly Terrace Ward) 13-01

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude H. Burkhardt

(a) Residence: No. 3300 Auchentirily Terrace St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewin H. Burkhardt

6. DATE OF BIRTH (month, day, year) Feb. 3, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lewis Herman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Krausz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mamie H. Ssligman

(Address) 3500 Glen Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date Oct. 8, 19 34

19. UNDERTAKER Chas. O. Bruns Sons.

(Address) 1900 Eutaw Place

20. FILED 10-7-1934 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gas Poison (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Mosser Coroner M. D.

(Address) 1631 Roland Ave

M. D. Form 4 F 05393 ✓ F 05393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 N. Montford St., 6-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Davis

(a) Residence: No. 718 N. Montford Av., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Laura Davis

6. DATE OF BIRTH (month, day, year) May 30/1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	✓	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stitcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 645

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Saml Davis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Boots

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Davis

(Address) 718 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date Oct 7, 1934

19. UNDERTAKER Edw. Bryon

(Address) 1631 Aisquith St

20. FILED Oct 7-1934 Custer Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934 to Oct 4, 1934

I last saw h[illegible] alive on Oct 3 1934. Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	About Sept 30 1934

Other contributory causes of importance: Circulatory Collapse

Name of operation none Date of —

What test confirmed diagnosis Clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19..

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. H. Mayo Dr. M. D.

(Address) 1500 E. 3 Fro St.

M. B. P. 1208-9 F 05394 ✓ F 05394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Stokley

(a) Residence: No. 622 N. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thelma Stokley

6. DATE OF BIRTH (month, day, year) June 25, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) -- 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Stokley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Quinn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date Oct 8 1934

19. UNDERTAKER Edw Bryan
(Address) 1651 Orleans st

20. FILED ... 19... Registrar.

10-1934 D. C. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934 to Oct. 4 1934

I last saw him alive on Oct. 4 1934 Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934
Fatal pulmonary hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) M Wl Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. B 12699 F 05395 ✓ F 05395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 93501

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Roehmer.

(a) Residence: No. 1514 Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Amelia Roehmer

6. DATE OF BIRTH (month, day, year) March 20, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage manager.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) 10/4/34

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Roehmer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Noll.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Amelia Roehmer.(wife)
(Address) 1514 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Oct. 8 1934

19. UNDERTAKER I. Few McCully
(Address) 130 E. Fort Ave.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

10/5/34 (Signed) Carroll Reinhardt Coroner. M. D.
(Address) 1017 N. Charles St.

M. D. B. 1268-9

F 05396

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05396

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Cathedral St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel Young Wilson

(a) Residence: No. 1019 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5, 53

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert J Wilson

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Mary Jane Appold

16. BIRTHPLACE (city or town) (State or country) Balt md

17. INFORMANT Mrs Algood 5, Day (Address) 3916 Chowdtree Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Oct 8 1934

19. UNDERTAKER J Stewart & Myers Co (Address) 108-20 North Avenue

FILED OCT 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at Universal Hospital

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture L.H.F. R. ... by slipping down stairs accident on Sept 23/34	
Other contributory causes of importance: Bronchial Pneumonia	4 days

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Sept 23 1934
Where did injury occur? 1019 Cathedral
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place no
Manner of injury fell down stairs
Nature of injury fracture Hy. & Rib

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Hanlon Coroner, M. D.
(Address) 701 E Chase

M. D. B. 1265-9

F 05397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05397

CERTIFICATE OF DEATH

92-001
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5010 Park Heights Ave (St.) 27-1 (Ward)

Length of residence in city or town where death occurred 60 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Mrs Mary B. Glenn

(a) Residence: No. 4838 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of George W. Glenn

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME James B. Taylor

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Eliza Murphy

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Lena Bond

(Address) 3101 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem Date Oct. 8, 1934

19. UNDERTAKER George W. Zirkle

(Address) 1707 Eutaw St.

Filed Oct 7 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Disease of Heart	
Other contributory causes of importance: Asthma & Sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Rozmarek M. D.

(Address) 1732 Bolton St

Cor.—10-10-29—M Co. F 05398

F 05398

48

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hospital St. 12-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Bull

(a) RESIDENCE NO. 527 W. 27th. St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert E. Bull

6 DATE OF BIRTH (month, day, and year)
August 19, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	61	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George H. Chalk

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah E. Crosby

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Albert E. Bull
(Address) 527 W. 27th. St.

Filed OCT 7-1934 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5, 1934 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? Yes Date of October 5-34

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jos. L. Valentine, M. D.

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Oct. 8 1934

20 UNDERTAKER Horace F. Burgee ADDRESS 761 Falls Road

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2268-9

F 05399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05399

160-002

Registered No.

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME "Baby Girl" Hopkins

(a) Residence: No. 932 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 6, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 45 min.
	—	—	1	23 hrs. 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Wm Hopkins

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Maria O'Wens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wm Hopkins

(Address) 932 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Cem. Balto Md. Date Oct 8 1934

19. UNDERTAKER Leo N. Little

(Address) 2700 Edmondson Ave

20. FILED OCT 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2 1934.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1934 to Oct. 2 1934

I last saw her alive on Oct. 2 1934 Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

Intra Cranial Hemorrhage.

Date of onset

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert H. Allison M. D.

(Address) Bon Secours Hospital

M. D. P. 21 F 05400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05400

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J Gillen

(a) Residence: No. 124 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28 1871

7. AGE	Years	Months	Days	If LESS than 1 day.. hrs. or min.
63	63	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Thomas Gillen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O' Malley

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Frank Ratt
(Address) 124 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 6 1934

19. UNDERTAKER Martin H. E. Dippel
(Address) 37 S Conkling St

20. FILED 10-7-1934 Hunting for Fifth Ward, Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 8-20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
Other contributory causes of importance: Colitis - Cirrhosis	

Name of operation ..... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Peterson M.D. Coroner M. D.

(Address) 305 N Patterson Park Ave

M. F. B. F 05401 ✓ F 05401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 N. Potomac St., 8-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Pfisterer

(a) Residence: No. 1204 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Pfisterer

6. DATE OF BIRTH (month, day, year) July 14 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Indiana

FATHER

13. NAME Unknown — Leach

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Helen Pfisterer
(Address) 1204 N. Potomac

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 8, 1934

19. UNDERTAKER Mart. W. E. Dippel
(Address) 32 E. Lan 34

20. FILED Oct 8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1926 to Oct. 5, 1934

I last saw her alive on Oct. 5, 1934 Death is said to have occurred on the date stated above, at 5.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	1926

Other contributory causes of importance:

Myocardial Insuff.	8 days.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Fro. B. Sybert M. D.

(Address) 2802 Harford Ave.

M. D. R. 1208-9 F 05402 F 05402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 129

Registered No. .....

1. PLACE OF DEATH Bon Secours Hospital. (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20-61 Ward)

Length of residence in city or town where death occurred ... yrs. most 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy May Leber

(a) Residence: No. Cockeysville, Maryland St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-18-28

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 yrs	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) York Co.

FATHER

13. NAME Mr Harry Leber

14. BIRTHPLACE (city or town) (State or country) York County, Penna

MOTHER

15. MAIDEN NAME Helen Winegolde

16. BIRTHPLACE (city or town) (State or country) York County Penna

17. INFORMANT V. J. Leader Undertaker (Address) Jacobus Penna.

18. BURIAL, CREMATION, OR REMOVAL Place Jacobus Pa Date Oct. 9- 1934

19. UNDERTAKER Leader Funeral Service (Address) Jacobus Pa

20. FILED Oct 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-4-34, 19..., to 10-7-34, 19... I last saw her alive on 10-7-34, 19... Death is said to have occurred on the date stated above, at 5.45 A.M.

The principal cause of death and related causes of importance were as follows: Streptococcus Peritonitis — Date of onset

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otis E. Hamilton M. D.

(Address) Bon Secours Hospital

M. D. H. 1268-A

F 05403

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05403

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S Post St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Jankowiak.

(a) Residence: No. 711 S Post St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6 1934

7. AGE	Years	Months	Days	If LESS than 1 day 16 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Jankowiak

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gertrude Blusiewicz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James Jankowiak

(Address) 711 S. Post St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 8, 1934

19. UNDERTAKER F. W. Krzyzewski

(Address) 1930 Eastern Ave

8 1934 Filed ... 19... Registrar. Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Malformation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. G. Devries M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1263-a

F 05404

F 05404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 E. Lombard St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm A. Rice

(a) Residence: No. 3724 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Rice

6. DATE OF BIRTH (month, day, year) May 30/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Elec R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Rice

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Anna Glickmann

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Florence Rice

(Address) 3724 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 9/34 19

19. UNDERTAKER Philip Henry Son

(Address) 2016 Eastern Ave

20. FILED 19 Registrar

18-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Oct 5, 1934

I last saw him alive on Oct 3, 1934 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1 year
Non malignant	
	8 days

Other contributory causes of importance:

Myocardial Insufficiency,	6 mo
Pneumonia Lobular	

Name of operation Bronchoscopy Date of

What test confirmed diagnosis? Clinical & Microscopical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. W. Towers M. D.

(Address) 1817 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 05405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05405

CERTIFICATE OF DEATH

193-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Essex Street St., 1-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Jonetski-(Jonecki)

(a) Residence: No. 2226 Essex Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of The Late Ludwika Jonetski

6. DATE OF BIRTH (month, day, year) Feb, 22/1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Pelagia Mc,Cord (Daughter)
(Address) 931 Fell Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Oct 9th 1934

19. UNDERTAKER George A Weber
(Address) 705 S Paca Street

20. FILED 19 Registrar.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Patterson Park Ave

F 05406

F 05406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon Hochsmowitz

(a) Residence: No. 2412 Mc Culloh St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 28, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Sam Hochsmowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Sachs

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 10/8/34 19

Herbert Levington Inc

19. UNDERTAKER Levy Bros 1439 E. Balto St.

(Address)

20. FILED Huntington, West Virginia

OCT 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to October 7, 1934

I last saw him alive on October 7, 1934. Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Femoral Osteomyelitis Acute	
Intussusception	
Bronchopneumonia - Type undetermined	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel J. Schwartz, M. D.

(Address) Sinai Hospital

M. D. B. F-0 F 05407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05407

CERTIFICATE OF DEATH

91-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 408 South Edwa 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph L. Cilenzi

(a) Residence No. 408 South Edwa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1917

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	17	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ernest Cilenzi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Catalina Arsamendia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Father
(Address) 408 South Edwa

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 7 1934

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1934 to Oct 6 1934

I last saw h... alive on Oct 6 1934. Death is said to have occurred on the date stated above, at 2 05 p m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Bacterial Endocarditis

Other contributory causes of importance:

Bacteremia

Name of operation ... Date of ...

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Carl Sarma M. D.

10/8/34 (Address) 4706 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

Y. S. 3

M. D. B. 1268-9

05408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05408

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 1 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Heath

(a) Residence: No. Holabird & Broening Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME John Heath

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Drewes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Dickeyville Date 10-8-34

Place

19. UNDERTAKER J J Fahey & Son

(Address) 1318 Light St

FILED ... 19... Huntington ... Registrar.

CT 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-16-1933 to 10-3-1934

I last saw him alive on 10-2-1934 Death is said to have occurred on the date stated above, at 6 15 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus	14 mos
Other contributory causes of importance: malnutrition	7
secondary anemia	7

Name of operation Gastrostomy Date of 10-17-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Samuel H Good M. D.

(Address) Baltimore, Md.

F 05409

F 05409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Mount St. 19-01 Ward)

Length of residence in city or ~~town~~ where death occurred 40 yrs. , mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Miles

(a) Residence: No. 6 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Alonza Miles

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) / 10a. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jos. Palmer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alonza Miles

(Address) 6 N. Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/8/34

19. UNDERTAKER Mrs. George H. Holland

(Address) 1613 Druid Hill Ave

20. FILED OCT 8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1934 to Oct 5 1934

I last saw her alive on Oct 3 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Nephritis — Date of onset

Other contributory causes of importance:

Valvular heart disease

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument St.

OCT 8 1934

Registrar

V S 3 OCCUPATION is very important. See instructions on back of certificate.

H. D. B 1268-9

F 05410

HEALTH DEPARTMENT—CITY OF BALTIMORE

05410

CERTIFICATE OF DEATH

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 14-01 Ward)

Length of residence in city or town where death occurred 62 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Vincent Simmons

(a) Residence: No. 832 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1911

7. AGE — Years 23 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Panama

MOTHER

13. Name Ella Irving Nelson

14. BIRTHPLACE (city or town) (State or country) Panama

FATHER

15. Name [illegible] Nelson

16. BIRTHPLACE (city or town) (State or country) Panama

17. INFORMANT Agt. Brown 832 Druid Hill

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 8, 1934

19. UNDERTAKER

(Address) Huntington Williams, Inc.

20. FILED Oct 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19.., to Sept 20, 1934. Death occurred

I last saw h[illegible] August 1st

to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Homicide — Hemorrhage due to pistol wound of liver.

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed [illegible] Was there an autopsy?

23. If death was due to external causes (violence) state whether it was (1) Accident, suicide, or homicide? Homicide of injury Sept 20 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Pistol wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leavitt Coroner M. D.

(Address) Coroner

M. D. B. 1269-9

F 05411

HEALTH DEPARTMENT—CITY OF BALTIMORE

05411

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Hutzler Memorial Hospital St., [illegible] Ward)

Length of residence (city or town) where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H Bethea

(b) Residence No. 410 - W. 25 St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha A.

6. DATE OF BIRTH (month, day, year) Mar 7 1887.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bertha A Bethea
(Address) 410 W. 25 St.

18. BURIAL, CREMATION, OR REMOVAL
St Mary's Cemetery Date Oct 9, 1937

19. UNDERTAKER Ehrenzweig Bros.
(Address) 3615 Eastern Ave

[illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19 I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. F. 1268-9

F 05412

F 05412 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Bon Secours Hospital (Ward) 13-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary A. Guinan Guinan

(a) Residence: No. 3630 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James P. Guinan.

6. DATE OF BIRTH (month, day, year) 12-13-64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lawrence Hannon.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Annie Welch.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Edward Guinan.
(Address) 3630 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Mount Cathedral Date Oct. 9, 1934

19. UNDERTAKER Chenoweth & Son.
(Address) 3615-17 Chestnut Ave

20. FILED 10-8-1934 Arthur W. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-27-34, 19 ... to 10-5-34, 19 ...

I last saw h[illegible] alive on 10-5-34, 19 ... Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	[illegible]
Other contributory causes of importance: Arteriosclerosis	

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Robert H. Allison, M. D.

(Address) Bon Secours Hosp

M. D. P 1203-9

F 05413

05413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 22-01

Length of residence in city or town where death occurred 15 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Cephus Jenkins.(C)

(a) Residence: No. 807 Hanover St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of ~~wife~~ Hattie Jenkins.(C)

6. DATE OF BIRTH (month, day, year) November 11, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Robert Jenkins.(C.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Isabelle ------(C)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elmer Jenkins.(C. son.
(Address) 807 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/9/34

19. UNDERTAKER Isaiah L Brown & Son
(Address) 848 W Montgomery St

20. FILED 8-1934, 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__.

I last saw h__ alive on _____, 19__. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following a stab wound with a pocket knife of the intestines. Homicide	

Other contributory causes of importance:

Name of operation Yes. Date of 10/1/34

What test confirmed diagnosis Autopsy Was there an antopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 9/29/34

Where did injury occur? 309 Leadenhall st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home.

Manner of injury Stab wound.

Nature of injury Peritonitis.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify

(Signed) Otto Heinlandt, M. D. Coroner

10/3/34 (Address) 2 Charles st.

M. D. P. 320 F 05414 ✓ F 05414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Beaumont Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Joseph Maguire

(a) Residence: No. 706 Beaumont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Maguire

6. DATE OF BIRTH (month, day, year) June 27, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) Sept 26, 1934

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Myersdale, Pa.

FATHER

13. NAME James T. Maguire

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary Anne Ryan

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Miss Helen Maguire (Address) 706 Beaumont Ave, City

18. BURIAL, CREMATION, OR REMOVAL: Place Loch Raphael Date Oct 9, 34

19. UNDERTAKER John F. Wagner (Address) 3000 E. Balto St.

FILED OCT 8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to Oct 6, 1934

I last saw him alive on Oct 6, 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rt. Pleura	7/1/34
Transverse myelitis (paraplegia)	9/20/34
Cardiac failure	10/7/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Xrays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. Raymond Peters, M. D.

(Address) 1908 W Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05415

HEALTH DEPARTMENT—CITY OF BALTIMORE F 05415

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 W. Baltimore St. 20-01 Ward)

Length of residence in city or town where death occurred 64 yrs 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Mohr

(a) Residence: No. 1826 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John V. Mohr

14. BIRTHPLACE (city or town) (State or country) Hessi Darmstadt Germany

15. MAIDEN NAME Sophia A. Albert

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Ella V. Mohr
(Address) 1826 W. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
London Park Cemetery Date Oct 9 1934

19. UNDERTAKER Chas. G. Black
(Address) 742 W. Saratoga Street

20. FILED 1934 Registrar.

OCT 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1934 to Oct 7 1934
I last saw her alive on Sept 7 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows: Myocarditis Chronic — Date of onset

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify X

(Signed) W. Van Williams M. D.
(Address) 3200 Saratoga ave

OCCUPATION is very important. See instructions on back of certificate.

Y 53

M. D. B. 1268-9

F 05416

05416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Mary L. Perano

(a) Residence: No. 1901 N. Payson St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-3-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Perano

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Julia Perano

(Address) 1901 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct. 10, 1934

19. UNDERTAKER Richard F. Cleary

(Address) 1201 Harford Ave.

Registrar.

OCT 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-28-34, 19 to 10-7-34, 19

I last saw h er alive on 10-7-34, 19 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Bronchial Fever

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert W. Allison, M. D.

(Address) Bon Secours Hosp.

M. D. F. 1268-9

F 05417

05417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 23-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lyda La Mar

(a) Residence: No. 1427 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William La Mar

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Winters

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph L. Frank

(Address) 1427 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Oct 9 1934

19. UNDERTAKER A. Howard Evans

(Address) 38 E. Preston St.

20. Huntington Ave. Cemetery, Md.

8-1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1934

22. I HEREBY CERTIFY, That I attended deceased from Friday 9/30 1934, to 10/8 1934

I last saw h alive on 10/8 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
intestinal obstruction.	
generalized peritonitis	9/30

Other contributory causes of importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Hurwitz, M. D.

(Address) Sinai Hospital

AACo. 5-31 250B

05418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05418

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 S. Broadway St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Charlotte Young

(a) Residence: No. 4 S. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 11-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Jno Young

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Ardelia Claus

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Norma Claus
(Address) 4 S Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cemetery Date Oct 9, 1934

19. UNDERTAKER Wm F. Loxen Son
(Address) 421 S. Broadway

20. Filed 8-1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Febr 13, 1934 to Octo 6, 1934

I last saw her alive on Octo 5 1934 death is said to have occurred on the date stated above, at 8.00 P m.

The principal cause of death and related causes of importance were, as follows:

	Date of onset
Angina Pectoris	Octo 6

Other contributory causes of importance:

Arteriosclerosis	1932
Myocarditis	

Name of operation none Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph E Wichmer M. D.

(Address) 3201 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

F 05449

F 054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2653 Edmondson Ave St. 20-01 Ward)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Albert Beitzel

(a) Residence: No. 2653 Edmondson Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eleanor Beitzel

6. DATE OF BIRTH (month, day, year) Nov. 30 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Eleanor Beitzel
(Address) 2653 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Oct 9 1934

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave.

OCT 9 - 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.6.34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5.21.34. . 19 . to 10.6.34. . 19 .

I last saw him alive on 10.5.34. . 19 . Death is said to have occurred on the date stated above, at 3.15 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	10.4.34
Other contributory causes of importance:	
arterio sclerosis	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Julius B. Towles M. D.

(Address) 1472 William St.

Spec. 2-69-3 F. C. Bks.

F 05420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05420

47

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH 28 E. Hamburg St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 23-01 WARD)

2—FULL NAME William Conrad Schueler

(a) RESIDENCE NO. 28 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mollie Schueler

6 DATE OF BIRTH (month, day, and year): Feb. 12-1873

7 AGE: Years 61; Months 7; Days 26; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George M. Schueler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Anna M. Innis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cambridge Md

14 Informant: Mrs Anna Schueler

(Address): 28 E. Hamburg St

15 Filed OCT 9 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8-1934

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Oct 8, 1934

that I last saw him alive on Oct 1, 1934

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung primary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pernicious Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & Clinical Symptoms

(Signed) W. A. Walker, M. D.

, 19 (Address) 827 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Oct. 11 1934

20 UNDERTAKER: Margaret B. Flynn

ADDRESS: 1422 Light St.

M. D. F 12-[illegible]

F 05421

F 05421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N Curley St., 7-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia C Hochhaus

(a) Residence: No. 610N Curley St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of: Louis C Hochhaus

6. DATE OF BIRTH (month, day, year): June 22 1909

7. AGE: Years 25 | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John F Klug

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Anna Ritterhofer

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Louis Hochhaus

(Address): 610 N Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: Oct 9 1934

19. UNDERTAKER: John Ulrich

(Address): 2008 Orleans St

FILED 19 Registrar

CT9-[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6 34

22. I HEREBY CERTIFY, That I attended deceased from April 9/34 19 to Oct 6 34

I last saw him alive on Oct 5/34 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9-1/34
La Grippe —	April/34

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Gray M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 68

F 05422

F 05422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St., 23-01 Ward)

Length of residence in city (or if not a resident, length of stay) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Hayne

(a) Residence: No. 16 Randall St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-7-34

7. AGE	Years	Months	Days	If LESS than 1 day 21 hrs. or 30 min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. V 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME G. M. Hayne

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Grace Holmes

16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT (Address) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10/9/34 19

19. UNDERTAKER (Address) Baker Funeral Home 1518 E. Lex. St.

20. FILED

10-9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1934 to Oct 8 1934

I last saw h. alive on Oct 8 1934 Death is said to have occurred on the date stated above, at 1 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	8/10/34
Hypostatic pneumonia	8/10/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) E. E. Taylor M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Vs 3

M. D. F 12-34 **F 05423** **F 05423**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Mc Elderry St. 19-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earnest Kelly

(a) Residence: No. 1622 Mc Elderry St., Life Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	-	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. Thompson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Kelly Wife (1622 McElderry)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ashley Cemetery Date Oct 9th 1934

19. UNDERTAKER Milton Davis
(Address) 416 N Caroline St

FILED 19 10-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Oct 7 1934

I last saw h[illegible] alive on Oct 6 1934 Death is said to have occurred on the date stated above, at 12 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis & Glomerulo Arteriosclerosis	May 1934

Other contributory causes of importance:
Endocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Young M. D.

(Address) 1424 Eutaw Place

M. D. B. 12 F 05424 F 05424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N. Bond St. 6-Ca Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Martha Austin

(a) Residence: No. 238 N. Bond St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Austin

6. DATE OF BIRTH (month, day, year) Dec. 9 1878

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
55	10	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bakerstone Va.

FATHER

13. NAME Nick Harris

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Bowney

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Preston Hill
(Address) 238 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnston Cemetery Date 10/9 1934

19. UNDERTAKER Milton Davis
(Address) 6. N. Caroline St

20. FILED _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1 1934, to Oct 5 1934

I last saw her alive on Oct. 5 1934. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	2/34
Other contributory causes of importance: General Debility	3/734

Name of operation _____ Date of _____

What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Calvin Blue Compton M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 05425

F 05425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Eastern Ave St., 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert J. Jeannetta

(R) Residence: No. 916 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clementina Bruni

6. DATE OF BIRTH (month, day, year) Nov 8 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Saverio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Filomena Rizzo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Virginia Bruni
(Address) 915 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 10 1934

19. UNDERTAKER Frank T. Pikitone
(Address) 2118 E. Baltimore

20. FILED OCT 9 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1 1934 to Oct 7 1934

I last saw him alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcers of Lung	
Non-Intestinal	
Tuberculosis	July 30 34

Other contributory causes of importance:

Unknown

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If ... specify ...

(Signed) Joseph L. Valentine M. D.

(Address) 16 So Rosedale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. -1-[illegible] F-05426 F 05426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3120 Barclay ST. 12-01 (WARD)

2-FULL NAME Olga M. Toney

(a) RESIDENCE NO. 3120 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Andrew Toney

6 DATE OF BIRTH (month, day, and year) June 8-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Deposit Md

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible] Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible] Md

14 Informant (Address) [illegible] 3120 Barclay St

15 Filed Oct 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to Oct 6 1934

that I last saw ~~her~~ alive on Oct 4, 1934

and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) One yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) H. L. Reinhardt M. D.

(Address) 2101 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Oct 9 1934

20 UNDERTAKER Wm. George H. Holland

ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CTD 1934

M. D. F. 68-9 F 05427

F 05427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH 1017 N Strieker St 16-01

CITY OF BALTIMORE: (No. 1017 N. Strieker St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Lambdam

(a) Residence: No. 1017 N Strieker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easternshore Md

FATHER

13. NAME Thomas Lambdam

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Louella

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Lavinia Lambdam

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 10/9/34 19

19. UNDERTAKER Mrs. George H. Holland

(Address) 1631 Druid Hill Ave

20. FILED 10-9-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1934

22. I HEREBY CERTIFY, That I attended deceased (from) Sept 20 1934 to Oct 7 1934

I last saw her alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Senile

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Thompkins M. D.

(Address) 501 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether disease or OCCUPATION is very important. See instructions on back of certificate.

P.S. 3

M. D. P. 1268-8

F 05428

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05428

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Goldman

(a) Residence: No. 1013 N. Hilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Goldman

6. DATE OF BIRTH (month, day, year) Jan 13 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME William Goldman

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Feuer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Oct. 10 1934

19. UNDERTAKER Harry A. Wittstadt

(Address) 4101 Edmondson Ave

OCT 9 - 1934 Attested Filed Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1934 to Oct 7 1934

I last saw him alive on Oct 7 1934. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	May 34

Other contributory causes of importance:

Carcinomatosis of liver

Name of operation Colostomy Date of operation Oct 5 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis H. Friedman, M. D.

(Address) Maryland General Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268 F 05429

F 05429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 E. Monument St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Geraldine Hanauer

(a) Residence: No. 2929 E. Monument St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 16th 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland

FATHER

13. NAME George Hanauer

14. BIRTHPLACE (city or town) Balto. (State or country) Maryland

MOTHER

15. MAIDEN NAME Olivia E. Geller

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT George Hanauer (Address) 2929 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Oct 11 1934

19. UNDERTAKER P. Patrick Funeral Home (Address) 1401 Eutaw Place

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24 1934 to Oct 8 1934

I last saw her alive on Oct. 8 1934 Death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial Endocarditis.	May 1934
Other contributory causes of importance: Cerebral Embolism	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Schmitt M. D.

(Address) 701 N. Stricker Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. No. F 05430

F 05430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Harvem ave 27-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty L Tucker

(a) Residence: No. 3105 Harvem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Raymond Tucker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mamie Insley

16. BIRTHPLACE (city or town) (State or country) Pikesville Md

17. INFORMANT Raymond Tucker
(Address) 3105 Harvem ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Oct 9 . 1934

19. UNDERTAKER Martin McCaffrey Inc
(Address) 33 S Dolphin St

20. FILED OCT 9 1934 Fred F. Fortmeyer M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 . 1934 to Oct 8 . 1934

I last saw her alive on Oct 8 . 1934 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum resulting from depressed skull during delivery	Oct 8 1934 (Day)

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Depressed skull

Nature of injury received during delivery

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) Chas D Edwards M. D.

(Address) 2746 Alameda Blvd

F 05431

M. D. B 1248-9

F 05431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√47

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wellington G. Brown

(a) Residence: No. 540 Roberts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A.Co., Md.

FATHER

13. NAME Benjamin Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Matthews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. EllaBrown
(Address) 538 Roberts St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Baltimore Date 10-10 1934

19. UNDERTAKER T. A. Gibson
(Address) 1537 Lanvale St

(Filed) OCT 9 - 1934 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Hemorrhage	???
Carcinoma of nasopharynx	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1006 Roman

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. F 05432

F 05432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp. St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton Thompson

(a) Residence: No. 2644 E. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza A. Thompson

6. DATE OF BIRTH (month, day, year) Aug 11 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
67	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Thomas Ray
(Address) 2644 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 10/10/34 19

19. UNDERTAKER Philip Keirig Sons
(Address) 2116 Eutaw St

20. FILED ... 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

CTG-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7- 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-30 1934 to 10-7 1934

I last saw h.i.m. alive on 10-7 1934 Death is said to have occurred on the date stated above, at 5 30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Terminal Bronchopneumonia	10-6-34
Anuria	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Philip C. Dandy M. D.

(Address) Md. General Hosp.

M. D. B. 1268-9

F 05433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05433

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 Warden St. 10-6 Ward)

Length of residence in city or town where death occurred 34 yrs. Unknown mos. How long in U. S. If of foreign birth 34 yrs. Unknown

2. FULL NAME Julia Walsh

(a) Residence: No. 1039 Warden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Walsh

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) County Mayo, Ireland

FATHER

13. NAME John Hawley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John R. Walsh
(Address) 1039 Warden

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 10, 1934

19. UNDERTAKER Rita Windefeld
(Address) 914 Greenmount Ave

[illegible] 19... Registrar.

OCT 9 - 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934 to Oct. 7, 1934

I last saw her alive on Oct. 7, 1934 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis Arteriosclerosis & hypertension	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo B. Sybert M. D.

(Address) 2802 Harford ave.

M. D. Files F 05434

F 05434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2732 Riggs Ave. St., 16-91 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie M. Douty

(a) Residence: No. 2732 Riggs Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mortimer T. Douty

6. DATE OF BIRTH (month, day, year) May 30, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME -------

14. BIRTHPLACE (city or town) (State or country) -------

MOTHER

15. MAIDEN NAME Ella M. Houck

16. BIRTHPLACE (city or town) (State or country) -------

17. INFORMANT Mortimer J. Douty

(Address) 2732 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 10/10/34

19. UNDERTAKER John C. Whitehill Funeral Dir.

(Address) 1900 Eutaw Place

20. FILED . 19 Registrar

OCT 9 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/7/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 28 . 1934 to Oct 7 . 1934

I last saw her alive on Oct 7 . 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + Hypertension.	2 yrs.
Other contributory causes of importance:	
Cerebral Apoplexy	Oct 7.

Name of operation None Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H B Runnan Stood M. D.

(Address) 2216 Garrison Ave.

Half CAUSE OF DEATH in plain terms. So that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F 05435

F 05435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 W. Lombard St., 19-al Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lou Fowler Leas

(a) Residence: No. 1721 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Leas

6. DATE OF BIRTH (month, day, year) Sept. 16/1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ocd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis Fowler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Bowersox

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katherine S. Norris
(Address) 1721 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster, Md. Date 10/10/34 19

19. UNDERTAKER John O. Mitchell Funeral Home
(Address) 1900 Eutaw Place

20. FILED ..... 19 .....

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7. 34

22. I HEREBY CERTIFY, That I attended deceased from July 1. 1934 to Oct. 7. 1934

I last saw him alive on Oct. 7. 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset July 1. 34.

Other contributory causes of importance:

Myocarditis. Age. Senile. Home. Several years

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Lut. C. Blake M. D.

(Address) 410 Med. Arts Bldg.

Information should be carefully supplied. Note that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 9 1934

M-14 B. Article

F 05436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05436

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827-N. Caroline Street St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth 5 yrs. mos. ds.

2. FULL NAME Mary Ann Smith

(a) Residence: No. 1827-N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James A. Smith

6. DATE OF BIRTH (month, day, year) 3/6/1868

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward McDermott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eleanor Dorley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth Dunn
(Address) 1839-N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/11/34 19

19. UNDERTAKER J. Ruth Dunn
(Address) 1735 Orford Ave.

20. FILED OCT 8 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1934 to Oct 8 1934
I last saw her alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 5-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept. 25-34
Edema Lungs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-a

F 05437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05437

CERTIFICATE OF DEATH

✓ 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Orleans St., 6-01 Ward)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Michael Wirth

(a) Residence: No. 2715 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Wirth

6. DATE OF BIRTH (month, day, year) 11-27-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mover man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moving

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Wirth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Mainhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Wirth

(Address) 2715 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date 10/11/34 19

19. UNDERTAKER North Dan Smith

(Address) 1235 Harford

FILED 10-1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1934 to Oct 27 1934

I last saw him alive on Oct 6 1934 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	several years
Other contributory causes of importance:	
Pulmonary Oedema	3 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Bryton M. D.

(Address) 304 East Cross

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 05438

✓ M F 05438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley Jarrison Dew

(a) Residence: No. Michigan & Washington Sts. Ward. Balto - Highlands

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Edna Dew

6. DATE OF BIRTH (month, day, year): Sept. 8. 1872

7. AGE: Years 62 | Months — | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Not employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Theodore Dew

14. BIRTHPLACE (city or town) (State or country): Balto md

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Mrs Mary E Dew

(Address) Baltimore - Highlands

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 9 1934

19. UNDERTAKER: W. J. Tickey & Son

(Address) Balto Md

20. FILED Oct 9 1934 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 . to 19

I last saw him alive on Injury 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/6 1934

Where did injury occur? Old Annapolis Rd at Westport

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking along road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph O'Leary M. D.

Coroner

(Address) 2200 E Madison St

M. D. B 1269-9

F 05439 HEALTH DEPARTMENT—CITY OF BALTIMORE 05439

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woodlawn Lunch Room.

CITY OF BALTIMORE: (No. 1108 S. Charles St. St., 24-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth M. McCauley.

(a) Residence: No. 1747 Covington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Daniel M. McCauley.

6. DATE OF BIRTH (month, day, year) November 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry G. Leidner.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Trottwein.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Karl McCauley. (son)
(Address) 1747 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Oct 9, 1934

19. UNDERTAKER John F. Henny
(Address) 715 Light St.

20. FILED OCT 9 - 1934 Huntington E. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 10.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

N.T. 10/6/34 Signed Otto Reinhardt Coroner. M. D.
(Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05440

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3234 Elmley Ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Charles Wilkins

(a) Residence: No. 3234 Elmley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): Feb 16/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: John Wilkins

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Helen L. Wilkins
(Address) 3234 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem Date: Oct. 11 19 34

19. UNDERTAKER: George W. Zibler
(Address) 1737 E Baltimore St.

OCT 9 - 1934 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Genl Arte iosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Owens M. D.

(Address) 108 E North Ave Coroner

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

05441 F 05441

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Lorise

(a) Residence: No. 614 Ashland Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1897

7. AGE: Years 37 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Robt Bruce

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Andrew Brooks

(Address) 830 Fremont Av

18. BURIAL, CREMATION, OR REMOVAL

Place MA Cabrery Date Oct 9th, 1934

19. UNDERTAKER: Mrs Robert Elliott Haughey

(Address) 1129 N Carey St

Filed OCT 9 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bilateral Bronchopneumonia 9 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Blunk Coroner, M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05442 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05442

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME William Jordan

(a) Residence: No. 912 S Bayliss St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March 4, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Oct 9th, 1934

19. UNDERTAKER J. Wm Bond & Wilbert Haughey (Address) 1129 Eagle Pl

(Signed) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5th, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 4 1934 to Oct 5 1934

I last saw h... alive on Oct 5 1934 Death is said to have occurred on the date stated above, at 9:50 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Nephritis, arteriosclerotic	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Frazier M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 9 - 1934

M. D. F. 1268-9

05443

Eva D Smith ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

05443

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital — 107-001 Registered No.

CITY OF BALTIMORE: (No. 1213 Light St. 10-84 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva D. Smith

(a) Residence: No. 718 N. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elijah Smith

6. DATE OF BIRTH (month, day, year) Feb 14th 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama.

FATHER

13. NAME Isaac Hatcher

14. BIRTHPLACE (city or town) (State or country) Alabama.

MOTHER

15. MAIDEN NAME Lula Baker.

16. BIRTHPLACE (city or town) (State or country) Alabama.

17. INFORMANT C. C. Bradford. (Address) 614 Eden St.,

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary, Date Oct 11th, 1934

19. UNDERTAKER Isaac Snowden (Address) 1129 Caroline St

FILED OCT 9 - 1934 19 Attest: Wilmuth, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2. 1934 to Oct 7 1934.

I last saw her alive on Oct. 7 1934 Death is said to have occurred on the date stated above, at 1:50 p m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset

Myocardial failure

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) James L. Wells M. D.

(Address) 1213 Light St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05444

HEALTH DEPARTMENT—CITY OF BALTIMORE F 05444

CERTIFICATE OF DEATH

72-001 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 12-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Warner

(a) Residence: No. 2109 N Calvert St., 3rd Children Aid Society Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 9 1934

19. UNDERTAKER F. Vernon Kellner

(Address) 1532 Hollins St

20. FILED OCT 9 1934 A. E. Turnbull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1934 to Oct 8 1934

I last saw him alive on Oct 8 1934 Death is said to have occurred on the date stated above, at 1.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	5-10-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schweppe M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1265

F 05445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3518 Seventh St. 25-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Cecelia Stausz

(a) Residence: No. 3518 Seventh St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Stausz

6. DATE OF BIRTH (month, day, year) Aug. 16 1877

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
57	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) poland

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) poland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) poland

17. INFORMANT Joseph Stausz
(Address) 3518 Seventh St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross. Date Oct. 10, 1934

19. UNDERTAKER Martin J. Conroy
(Address) 1102 Fortieth St.

OCT 9 1934 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-34

22. I HEREBY CERTIFY, That I attended deceased from 9-1-34 to 10-7-34

I last saw h[illegible] alive on 10-4-34. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Yrs 25
Hypertension	
Legions	
Other contributory causes of importance:	
Acute Coronal Occlusion	Day

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-3t 250R

F 05446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05446

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S. Paca St. 27-4 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kasper Ribikowski

(a) Residence: No. 502 S. Paca St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	married

5a. If married, widowed or divorced HUSBAND of ~~WIFE~~ of Frozyna Ribikowska

6. DATE OF BIRTH (month, day, year) 1883 January

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Libor Russia

FATHER

13. NAME Kasper Ribikowski

14. BIRTHPLACE (city or town) (State or country) Libor Russia

MOTHER

15. MAIDEN NAME ~~Unknown~~

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~

17. INFORMANT Frozyna Ribikowski
(Address) 502 S Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/11 1934

19. UNDERTAKER Chas. J. Kerchenbaum
(Address) 703 McHenry St

20. Filed OCT 9 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/7 1934 to 10/8 1934

I last saw him alive on 10/8 1934 death is said to have occurred on the date stated above, at 12-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-Pneumonia	10/4

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph H. Laukaitis M. D.

(Address) 679 Washington Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 05447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05447

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Lakewood Avenue St., 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wadyslawa L. Bosse

(a) Residence: No. 720 S. Lakewood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bosse

6. DATE OF BIRTH (month, day, year) June 13 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Feliks Tyszkiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jadwiga Lamencka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Jadwiga Tyszkiewicz

(Address) 720 S. Lakewood Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Oct. 11 1934

19. UNDERTAKER John M Weber

(Address) 1401 S. Chester Street

FILED Huntington Williams, Reg. Registrar.

CT 9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1934 to Oct. 7 1934

I last saw her alive on Oct. 7 1934 Death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934 March

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George D. Lipsky M. D.

(Address) 432 S. Patterson Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31-[illegible]OR F 05448 ✓ F 05448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 W. Lanvale St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lotty Curtis

(a) Residence: No. 1101 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME John J. Curtis

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Emily E. Brown

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT John J. Curtis
(Address) 1101 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Co. Date Aug 19 37

19. UNDERTAKER ...
(Address) ...

OCT 9 - 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8 19 37

22. I HEREBY CERTIFY, That I attended deceased from 10/8 19 37 to 10/8 19 37

I last saw her alive on 10/8 19 37 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia	10/5 37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harold E. Bell M. D.

(Address) 1715 N. Fremont

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 05449

F 05449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 S. Potomac St. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Selig

(a) Residence: No. 740 S. Potomac St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Selig

6. DATE OF BIRTH (month, day, year) 7/21/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Schroll

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Gtieb.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marien Byer (Sister)
(Address) 2316 Cambrige St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 10 34

19. UNDERTAKER Lilly & Zurhorst
(Address) 208 N. Howard St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1934 to 10-7, 1934

I last saw h[illegible] alive on 10-7, 1934 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?
Chronic Myocarditis	
Other contributory causes of importance: Cerebral Hemorrhage (Apoplexy)	10-1-34

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Little, M. D.

(Address) 719 Park Ave

EV 8 3

Information required by law; it is your duty to see that it is properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 12 F 05450 ✓ F 05450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515.S.Rose St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna S Kirby

(a) Residence: No. 515.S.Rose St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced WIFE of / HUSBAND of: Sylvian Kirby

6. DATE OF BIRTH (month, day, year): Sept 21. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Heil

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Berger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Harry Addicks (son)

(Address): 515.S.Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place: Louden Park Date: Oct10, 1934

19. UNDERTAKER: Tully & Zeller Inc

(Address): 1013 Do Wolfe St

19. FILED Oct 9-1934 By: H. Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Oct 7, 1934

I last saw her alive on Oct 7, 1934. Death is said to have occurred on the date stated above, at 7 45 P/m.

The principal cause of death and related causes of importance were as follows:

Apoplexy (Ry. Hemiplegia)
Medical Insufficiency
Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Chronic nephritis

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eustace Newcomb M. D.

(Address) 2074 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1508-9

F 05451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05451

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

Registered No. 9601

CITY OF BALTIMORE: (No. 2829 E. ~~Monument~~ Madison St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Katherine M. Kaufman

(a) Residence: No. 2829 E. ~~Monument~~ Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Kaufman

6. DATE OF BIRTH (month, day, year) Sept 12/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Minnick

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Bridget McIntire

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frank Kaufman

(Address) 3301 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 10th 34

19. UNDERTAKER Geo M Smith Son

(Address) 811 N Eutaw

OCT 9 - 1934

Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2 30 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Bronchial Asthma	8 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 5086 Frankford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05452

F 05452

CERTIFICATE OF DEATH

#165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 E. Fayette St., 4-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Robert G. L. Lumpkin

(a) Residence: No. Liberty & St. James Roads St., Ward. Rockdale, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith E. Chambers

6. DATE OF BIRTH (month, day, year) Oct. 12, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Practitioner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert G. Lumpkin.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susannah Ferry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward T. Lumpkin, Jr.
(Address) 3704 Copley Road

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date Oct. 10, 1934

19. UNDERTAKER Theo C. Mitchell & Son
(Address) 2900 Eutaw Place

20. FILED Oct 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Friday 5 hours 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by Hanging / self destruction / Suicide / while / Insane	
Other contributory causes of importance: Chronic mental unbalanced	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Oct 8 Date of injury Oct 8 1934

Where did injury occur? 4 W 11 E Fayette
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Dentist

Manner of injury Hanging

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James M Denton M. D.

(Address) 700 E. Chase Street

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-0

05453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05453

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkin's Hosp. St. 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Annette Lewis

(a) Residence: No. 2403 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7/1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scool Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Joseph Leo Lewis

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Florence Rohm

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Florence Lewis (Mother)
(Address) 2403 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct. 11/34

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Eastern Ave.

OCT 9 1934 Huntington Williams Reg. Off.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1934 to Oct. 7, 1934

I last saw h alive on Oct. 7, 1934 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Shock	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury, 10/7/1934
Where did injury occur? 2400 Block Jefferson St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by auto while walking across street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Pokorny, M. D.
Coroner
(Address) 2200 E Madison St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

F 05454

05451 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 McCulloh St. 14-01 WARD)

2. FULL NAME Anna W Bate

(a) RESIDENCE NO. 1512 McCulloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	90			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Catherine Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Fitz Jackson 1512 Mt. Culloh St

15 Filed ... 19... Henry Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/34

17

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Oct. 8, 1934

that I last saw h e alive on Oct. 8, 1934

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Auto Toxemia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Thompson M. D.

1934 (Address) 1012 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Oct 10 1934

20 UNDERTAKER Archibald C. Gaddis — ADDRESS 210 N. Caroline St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

CT 9-1934

M. D. P. 1209-9

F 05455 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05455

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 6-68 Registered No.

CITY OF BALTIMORE: (No. C. H. & I. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Charles Reidt Sr.

(a) Residence: No. Townsend Ave., Essex St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (~~wife~~) Lillie May Jones

6. DATE OF BIRTH (month, day, year) June 1 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3 4	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr. Peter Reidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wallace Reidt

(Address) Essex Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Pk. Date Oct 10 1934

19. UNDERTAKER John J. Connelly

(Address) Essex Md.

Date Received 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1934 to Oct. 7, 1934

I last saw him alive on Oct. 7, 1934 Death is said to have occurred on the date stated above, at 12:52 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Lung (Bronchogenic) & occlusion of Oesophagus	Unknown
Terminal Pneumonia	

Other contributory causes of importance:

Name of operation Gastrostomy Date of 9-19-34

What test confirmed diagnosis? X-Ray and Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard V. Hoover M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05456

05456 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. St. 3-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Oppel

(a) Residence: No. 518 S. Bond st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora

6. DATE OF BIRTH (month, day, year) May 16, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bender

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 11, 1934

19. UNDERTAKER John F. Connelly
(Address) Essex, Md.

20. Filed Oct 11 1934 Huntington Williams, R.D.
Registrar.

T9-1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1934, to Oct. 8, 1934

I last saw him alive on Oct. 8, 1934. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug. 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson, M. D.
(Address) Baltimore City Hospitals

Information should be given by person best acquainted with facts. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1[illegible] F 05457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05457

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH South Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No. 1213 Light St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Russell Croul

(a) Residence: No. 1718 Bell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dolores Riley Croul

6. DATE OF BIRTH (month, day, year) Oct 13, 15

7. AGE	Years	Months	Days	LESS than 1 day, hrs. or min.
	18	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ed Croul

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Russell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ed Croul

(Address) 1718 Bell St

18. BURIAL, CREMATION, OR REMOVAL

Place Brunswick Md Date Oct 12 1934

19. UNDERTAKER C. H. Fite & Son

(Address) Brunswick Md.

20. FILED OCT 10 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1934 to Oct 10 1934

I last saw him alive on Oct. 9 1934 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Pleurisy with effusion	

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb M. D.

(Address) 1213 Light St.

INSTRUCTIONS: Sign this certificate and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 05458 F 05458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Woodall St., 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Neuschaefer

(a) Residence: No. 1445 Woodall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Annie E. Neuschaefer

6. DATE OF BIRTH (month, day, year) April 12th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rice Bakery

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lawrence Neuschaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Annie Neuschaefer

(Address) 1445 Woodall St

18. BURIAL, CREMATION, OR REMOVAL

Place Union Date Oct 11th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED OCT 10 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Oct 8th 1934

I last saw h[illegible] alive on Oct 8 1934. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrillar Heart Disease	Dec 1933
Arteria Sclerosis	Dec 33
Other contributory causes of importance:	
Chronic Nephritis	Dec 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. H. Strutt, M. D.

(Address) 421 E Fort Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—PT

F 05459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05459

CERTIFICATE OF DEATH

93-003

1-PLACE OF DEATH 3008 Baker St.

CITY OF BALTIMORE: (No. 3008 11 ST., 15 WARD) 16-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Denton Middlekauff

(a) RESIDENCE NO. 3008 Baker ST., 15 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola A. Middlekauff

6 DATE OF BIRTH (month, day, and year): July 23 1868

7 AGE: Years 88 Months 2 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 15

(b) General nature of Industry, business, or establishment in which employed (or employer): 11

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Washington Co. Md

PARENTS

10 NAME OF FATHER: Middlekauff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Dona. Wife & Rel. (Address): 3008 Baker St

15 Filed: Huntington, W. Va. Registrar

CT 10934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/8 1934

17 I HEREBY CERTIFY, That I attended deceased from Summer of 1930 to 9/5/8 1934.

that I last saw living on 10/4/26 1934

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

&

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None special

(Signed) Chas D Parker M. D.

1934 (Address) 9125 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Oct 10th 1934

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

F 05460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05460

CERTIFICATE OF DEATH

✓174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Dispensary Hosp St. 12-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roosevelt Carter

(a) Residence: No. 618 Mechanic St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8 1902

7. AGE Years 32 Months 8 Days 5 If LESS than 1 day, ... hrs. ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenwood S C

FATHER

13. NAME Willie Carter

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Martha Spencer

16. BIRTHPLACE (city or town) (State or country) Willie Carter

17. INFORMANT (Address) 112 W 23

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lion Date Oct 10, 1934

19. UNDERTAKER Mrs Kate R Williams (Address) 322 Schroeder St

20. FILED ... 19... by ... Registrar

Oct 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related contributory causes of importance were as follows:

	Date of onset
Homicide	
Multiple Incised Wounds of Abdomen Hand, Arm & Back	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury Razor

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) A. L. Luck, M. D. Coroner

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 586

M. D. B. F 05461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05461

CERTIFICATE OF DEATH

✓ 93-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4911 Crowson Av St. 27-01 Ward)

Length of residence in city or town where death occurred 64 yrs 1 mos 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 64-1-15.

2. FULL NAME Mary Frances Eichberger

(a) Residence: No. 4911 Crowson Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) August 23 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Nurs 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Babies Milk Fund

10. Date deceased last worked at this occupation (month and year) Oct 2, 1934

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME James S. Eichberger

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Annie R. Cooksey

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Anne G. Dent (sister)
(Address) 4911 Crowson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cem Date Oct 10 1934

19. UNDERTAKER Stewart Morgan Co.
(Address) 1818 W Baltimore

20. FILED Oct 11 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-8- 1934.

22. I HEREBY CERTIFY, That I attended deceased from 1930 to October 8 1934

I last saw her alive on October 8 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Other contributory causes of importance:	
Cardiac decompensation	Sept 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. McShane M. D.

(Address) 2431 Maryland Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT

F 05462

Krantz

F 05462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. St., 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Krantz

(a) Residence: No. Belvedere Y Pelham pin force St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Lena

6. DATE OF BIRTH (month, day, year) 1856

7. AGE: Years 78 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. &

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Krantz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Edmund Levin

(Address) Belvedere Y Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd Date Oct 10, 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1934 to October 9, 1934

I last saw him alive on Oct. 9, 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chr. card. valvular disease — Date of onset

Hypertension

Cardiac hypertrophy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Edmund Levin, M. D.

(Address) Levindale

information should be carefully supplied. Age should be stated in years and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1248-9 F 05463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05463

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N Calvert St., 11-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna L. Kuhn

(a) Residence: No. 618 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Everhardt Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Wehrs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles W Zeiker

(Address) 46 Hamilton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 10 1934

19. UNDERTAKER F B Hebbert & Son

(Address) 130 E Eutaw Place

OCT 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found dead Oct 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3/4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Hearsay Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? natural Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Kemler, M. D. Coroner

(Address) 700 E Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] F 05464

F 05464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 W Lemington Ave. Street (or Ward) 20th

Length of residence in city or town where death occurred [illegible] yrs. 7 mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Ehl

(a) Residence: No. 1935 W Lemington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laurence H. Ehl.

6. DATE OF BIRTH (month, day, year) May 24-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elsie Ehl.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Turkmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna Ehl
(Address) 1935 W Lemington St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 10/11/34

19. UNDERTAKER J. B. Hollins & Son
(Address) 1500 Eutaw Place

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1934 to Oct 6 1934

I last saw h[illegible] alive on Oct 6 1934 Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	June 1934
Pulmonary Edema	10/5/34

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis: Clin. Diagnosis No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. H. Shulenberger M. D.

(Address) 1500 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 115 034

M. D. B 1268-9

F 05465

F 05465 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 6 Parrish St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith L. Johnson

(a) Residence: No. 1 6 Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5-1934

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edw Bryson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosie Bowman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rosie Johnson
(Address) 1 6 Parrish

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 10/10 34 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on Oct 7 34 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. 1206 F 05466 F 05466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 177

CITY OF BALTIMORE: (No. 1542 Woodyear St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Briscoe

(a) Residence: No. 1542 Woodyear St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Briscoe.

6. DATE OF BIRTH (month, day, year) Sept 5 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St mary Co md.

FATHER

13. NAME Abraham Briscoe.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Annie Briscoe

(Address) 1542 woodyear st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 10/10 . 34

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Pressman st

20. FILED OCT 13 1934 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/7 . 34

22. I HEREBY CERTIFY, That I attended deceased from 10/6 . 34 to 10/7 . 34

I last saw him alive on 10/7 . 34 Death is said to have occurred on the date stated above, at 6 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ptomaine Poisoning.	
Gastro Hemorrhagia	
(From Severe Vomiting)	

Other contributory causes of importance:

Ate Canned Jumbo Fish Food Last Food for some time

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. H. Roberts . M. D.

(Address) B. H. O. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 105467

F 05467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Howe

(a) Residence: No. 1841 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie (dead)

6. DATE OF BIRTH (month, day, year) Nov ? 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Date 10-10- 37

19. UNDERTAKER Bryon Thomas & Wright (Address) 218 N Eldersleet St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1937 to Oct. 7 1937

I last saw him alive on Oct 7 1937 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Myelomata	?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. D. Hazzard M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1248-9

F 05468 HEALTH DEPARTMENT—CITY OF BALTIMORE M F 05468

CERTIFICATE OF DEATH

Registered No. 208

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Spencer Hutchins

(a) Residence: No. New Town, Calvert Co, Md St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cd	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Caulker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Solomons Island
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

FATHER

13. NAME John Hutchins
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margie Wells
16. BIRTHPLACE (city or town) (State or country) Calvert Co

17. INFORMANT Mrs. Cora Hutchins
(Address) New Town, Calvert Co. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Saint John's Date Oct 11 19 3

19. UNDERTAKER
(Address)

20. FILED OCT 13 19 3 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Unknown . 19 . to . 19

I last saw h alive on Unknown . 19 . Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Lacerations Shock Int. Injuries.	
Other contributory causes of importance: Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/7 . 1934
Where did injury occur? Ferndale Rd at Ferndale
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident.
Manner of injury Car he was driving was
Nature of injury Struck by an electric train

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Kenny Coroner . M. D.
(Address) 2200 E Pratt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 05469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05469

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 E. Green St., 22-01 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Dorsey

(a) Residence: No. 605 E. Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo. Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sidney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Dorsey
(Address) 605 E. Green St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 12 19 34

19. UNDERTAKER James A. Stamford
(Address) 1142 W. Fayette St.

20. FILED Oct 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Apl 6 1923 to Oct 8 1934

I last saw h[illegible] alive on Oct 8 1934 Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetis — Date of onset

Other contributory causes of importance:

Name of operation — Date of none

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas E. Cullen M. D.

(Address) 627 Lexington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10

M. D. B. 1295

F 05470

F 05470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Mt Washington

CITY OF BALTIMORE: (No. 2311 South Road St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jeanetta Baltzley,

(a) Residence: No. 2311 South Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H.Baltzley,

6. DATE OF BIRTH (month, day, year) June 23.1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co.Md.

FATHER

13. NAME John E.Hornberger,

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Menges,

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT John H.Baltzley,

(Address) 2311 South Road

18. BURIAL, CREMATION, OR REMOVAL Carroll Co.Md.

Place Kriders Cem Date OCT 11 1934

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED OCT 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 8 1934

22. I HEREBY CERTIFY, That I attended deceased from September 11 1934 to Oct 8 1934

I last saw her alive on October 8 1934. Death is said to have occurred on the date stated above, at 9.01 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John O. Bubert M. D.

(Address) 4803 Eas. Highlands Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268

F 05471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05471

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Brighton St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Burroughs

(a) Residence No. 3002 Brighton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Burroughs

6. DATE OF BIRTH (month, day, year): May 22-1867

7. AGE: Years 67 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lynchburg Va.

FATHER

13. NAME: Henry W Burroughs

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Bertha M Burroughs

(Address): 3002 Brighton

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date OCT 11 1934 19

19. UNDERTAKER: Geo W. Little

(Address): 2360 EDMONDSON AVE.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leith Coroner M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

AaCo. 5-31 250B

F 05472 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05472

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 Dine St., 4-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizzie C. Browne

(a) Residence: No. 747 Dine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robinson

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 07 Housework

9. Industry or business in which work was done, as stk mttt, saw mtll, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Bessie Browne
(Address) 747 Dine

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 11 1934

19. UNDERTAKER Sam'l R. Chase & Son
(Address) 638 N. Gilmor

20. FILED ... 1934 ... Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1934, to Oct 8, 1934

I last saw her alive on Oct 5 1934 death is said to have occurred on the date stated above, at 1:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Liver	Sept 1934

Other contributory causes of importance:

Cirrhosis	"

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas. C. Hoffman, M. D.

(Address) 712 S. Wolfe Street

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 1934

M. D. B. 1268-9

F 05473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05473

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Parish St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Roswell Carter

(a) Residence: No. 914 Parish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Carter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Brown

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Alice Brown
(Address) 914 Parish St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 10, 1934

19. UNDERTAKER Wm. P. Chase & Son
(Address) 638 N. Gilmor

20. FILED , 19 Registrar.

OCT [illegible] 1934

Remington Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9. , 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6. , 1934 to Oct 9. , 1934

I last saw him alive on Oct 8. , 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Intussusception	3/4
b	
c	

Other contributory causes of importance:

Probably milk shock [illegible] Lobar pneumonia

Name of operation Resection Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Elkin. M. D.

(Address) 924 Madison Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05474

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 E Montgomery St. Ward) 27-01

Length of residence in city or town where death occurred 73 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Scheer

(a) Residence: No. 117 E Montgomery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of Lena Scheer

6. DATE OF BIRTH (month, day, year): March 3, 86

7. AGE: Years 73; Months 7; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk Arlington 609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Office

10. Date deceased last worked at this occupation (month and year): 9/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country): Baltimore Md

FATHER

13. NAME: Frederick Scheer

14. BIRTHPLACE (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Heidert

16. BIRTHPLACE (State or country): Germany

17. INFORMANT (Address): Mrs Annie Ealinger 117 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Cemetery Date Oct 10, 1934

19. UNDERTAKER (Address): John J. Dempsey 715 Light St

20. FILED Oct 10, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep 14, 1934 to Oct 6, 1934

I last saw him alive on Oct 6, 1934 3:50 p. m. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis & Heart

Name of operation No Date of

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. Wallace Weaver M. D.

(Address) 827 Ly Ave.

M. D. B. (Rev. 1930)

PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be given in plain terms, so that it may be properly classified. See instructions on back of certificate. CAUSE OF DEATH is very important. OCCUPATION is very important.

Spec. F 05475 — 24-1 — 2000 Bks.

Berenger

HEALTH DEPARTMENT—CITY OF BALTIMORE F 05475

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. [illegible] St. 27-07 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry L Berenger

(Residence in Baltimore: No. 2604 Eutaw Pl. St.; yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, [illegible] (Month) 14 (Day), 1864 (Year)

7-AGE. 70 yrs. 10 mos. 20 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 2604 Eutaw

15- Filed OCT 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 1 (Day), 1934 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1934, to Oct 1 1934, that I saw h[illegible] alive on Oct 1 1934, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) [illegible] (Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Oct 1, 1934 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emanuel Cem. DATE OF BURIAL, Oct 11, 1934

20-UNDERTAKER Geo Weber & Son ADDRESS 2503 Edmondson Ave

M. D. F. 8-9 F 05476

F 05476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Home St. 27-6 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Anna Levin

(a) Residence: No. Aged Home Street Serendale Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irene Feldman
(Address) 1404 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosh Ha Shonah Cemetery Date 10-10-34

19. UNDERTAKER Old Line Funeral Co.
(Address) 1439 E. Baltimore St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1931 to 10-10, 1934

I last saw h[illegible] alive on 10-7, 1934. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 10-7-34
Hypertensive cardio-valvular disease
Arteriosclerosis

Other contributory causes of importance:
Chr. Bronchitis
Chr. Emphysema

Name of operation — Date of

What test confirmed diagnosis Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Edmund Levin, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY WITH INDELIBLE PENCIL. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C53

M. D. No. 268 F 05477

F 05477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hosp.

CITY OF BALTIMORE: (No. Rayner & Dukeland St. of ... Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Sweeney

(a) Residence: No. 1528 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 12, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Meadow, Pa.

FATHER

13. NAME Patrick Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elizabeth Sweeney

(Address) 2311 Ruskin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem. Date 10/11/1934

19. UNDERTAKER John J. Condon & Son

(Address) 601 Hollins St.

20. Filed OCT 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1934, to October 9, 1934

I last saw him alive on October 7, 1934 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	9/30/34 ?
2. Postal Cirrhosis	1928

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Fair Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ackman M. D.

(Address) West Balto. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1934

F 05478

F 05478

2909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-002 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth 18 yrs. mos. ds.

2. FULL NAME Philomena Cada

(a) Residence: No. 533 N Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick

6. DATE OF BIRTH (month, day, year) 10/19/86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Australia

FATHER

13. NAME Michael Kory

14. BIRTHPLACE (city or town) (State or country) Australia

MOTHER

15. MAIDEN NAME Anna Kosak

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Russis

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 13, 1934

19. UNDERTAKER Frank Brach & Son

(Address) 1906 Orleans

20. FILED OCT 13 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-5, 1934 to Dec-9, 1934

I last saw her alive on Dec-9, 1934 Death is said to have occurred on the date stated above, at 3:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia, pneumococcus	10-7-34
Mastoiditis, acute, right	9-9-34

Other contributory causes of importance:

Name of operation Simple mastoidectomy, Date of 10-6-34

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 05479 ✓ F 05479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 N.Washington St St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? 51 yrs. mos. da.

2. FULL NAME Mathias Zeman

(a) Residence: No. 929 N.Washington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Magdalen Zeman

6. DATE OF BIRTH (month, day, year): Dec. 9, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

FATHER

13. NAME: John Zeman

14. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

MOTHER

15. MAIDEN NAME: Magdalen Hipic

16. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

17. INFORMANT: Magdalen Zeman
(Address): 929 N.Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Oct.12, 1934

19. UNDERTAKER: Frank Cvach & Son
(Address): 1906 Ashland Ave

20. FILED: OCT 15 1934, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct,9, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	
Arteriosclerosis etc.	???

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..., M. D.
Attending Physician or Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 1209 F 05480

F 05480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Elkins Lane St. 23-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James William Pumphrey

(a) Residence: No. 1618 Elkins Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 23/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3y	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Wm. W. Pumphrey

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Catherine Gubernator

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Wm Pumphrey
(Address) 1618 Elkins Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarhill Cem Date Oct 10 1934

19. UNDERTAKER Fred A. Kiger & Son
(Address) 1330 W. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Oct 8 1934

I last saw him alive on Oct 8, 1934 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Cystitis	Oct 1

Other contributory causes of importance:

Bronchopneumonia

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

10/10/34 (Signed) R. L. Campbell M. D.
(Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 05481 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05481

CERTIFICATE OF DEATH

210-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John D. Johnson

(a) Residence: No. 811 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Cd	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vida

6. DATE OF BIRTH (month, day, year) April 22, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Balto - Md

MOTHER

15. MAIDEN NAME Agatha Arthur

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edna Johnson
(Address) 811 Edmondson

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date 10/10/34

19. UNDERTAKER Forrest Hemsley
(Address) 518 Dmy Ave Cmj

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 19... to ..., 19...

I last saw him alive on Oct 6, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/6, 1934

Where did injury occur? Lombard & Penn Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury Multiple bruises

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph O'Conroy M. D.
Coroner

(Address) 2100 E Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1934

M. D. B 1268-9

F 05482 ✓ F 05482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Simms

(a) Residence: No. 1254 N. Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8/34

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Joseph Hospital Balto., Md.

FATHER

13. NAME Joseph Simms

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marie ---

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 10 , 19 34

19. UNDERTAKER ...
(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above. midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 7 mons gestation	

Other contributory causes of importance:
Mother accidently fell down front steps to pavement of residence Oct 8/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. S. H. Cullen M. D.
(Attending Physician or Coroner)

(Address) 508 E Lanvale

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 12-9 F 05483 ✓ F 05483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 21-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Jones

(a) Residence: No. 1201 Vanner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William Washington
(Address) 1201 Vanner St 10-13-34

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel [illegible] Date Oct 10 19 34
Mrs R A Elliott 1129 N Caroline St

19. UNDERTAKER [illegible]
(Address)
[illegible] Registrar

OCT 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1934 to October 8, 1934
I last saw him alive on October 8, 1934 Death is said to have occurred on the date stated above, at 5.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral sclerosis (cause)	
2. Hypertension	
3. Chronic myocarditis	

Other contributory causes of importance:

1. Cerebral vascular accident	8-3-34

Name of operation ..... Date of .....
What test confirmed diagnosis? diagnosed Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J M Wagenseller, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

OCT 6

M. D. P.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05484

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Bloomingdale Rd St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Jacob Burns

(a) Residence: No. 3303 Bloomingdale Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie C. Flannery

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police Sergeant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 61

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs N. E. Burns

(Address) 3303 Bloomingdale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Cem Date 10th/34 19

19. UNDERTAKER J. J. Tafe & Sons

(Address) 1218 E. Lexington St.

20. FILED ... 19 ... Registrar.

OCT 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 34 19 to Oct 8 19 34

I last saw h... alive on Oct 8 19 34 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilitation of Heart	Oct 8/34
Myocarditis (from History)	about June 1/34
Other contributory causes of importance: Arterio-sclerosis	1928
Diabetes	P

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Dieffett M. D.

(Address) 2220 Garrison Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 05485

F 05485

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Jefferson St. 5-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Etta Bolden (Boulden)

(a) Residence: No. 1409 Jefferson St St., Ward. (If non-resident give city or town and State) (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: C
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Boldon

6. DATE OF BIRTH (month, day, year) March 16 1904

7. AGE: Years 30, Months 6, Days 22. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Frank Chase
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Emma Taylor
16. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

17. INFORMANT Raymond Bolden (husband)
(Address) 1409 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL Date 10/11/34
Place Asbury Cemetery

19. UNDERTAKER Robert L. Young
(Address) 1006 E. Caroline St

20. FILED ..., 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Oct 8, 1934

I last saw her alive on Oct 7, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis — Date of onset: [illegible]

Other contributory causes of importance: Pleurisy — Dec 1933

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.
(Address) 1424 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1934

A4Co. 5-31 250B

Mr. Greevy.

F 05486 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05486

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Laurella Ave 30-01 St., ... Ward)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 28 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Walter McGreevy

(a) Residence: No. 2516 Laurella Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula McGreevy

6. DATE OF BIRTH (month, day, year) Oct 10-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month, day, year) 9/1/34

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Julia McGreevy

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Catherine Conroy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lula McGreevy

(Address) 2516 Laurella Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 11th 1934

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

20. FILED OCT 10 1934, 19.... H. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/34

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1934 to 10/8, 1934

I last saw h[illegible] alive on 10/8, 1934 Death is said to have occurred on the date stated above, at 1:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/4/34

Other contributory causes of importance:

Hypertension & Arteriosclerosis	9/1/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Richard Dixon M. D.

(Address) 504 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1934

M. D. B. 1268-B

F 05487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05487

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8310 KENWOOD AVE. 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN RYKOWSKI

(a) Residence: No. 831 S KENWOOD AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ROSE RYKOWSKI

6. DATE OF BIRTH (month, day, year) UNKNOWN.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHEMICAL PLANT.

10. Date deceased last worked at this occupation (month and year) MARCH 1934

11. Total time (years) spent in this occupation 8YRS

12. BIRTHPLACE (city or town) (State or country) POLAND

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN.

17. INFORMANT DR JENINGER.
(Address) 842 S. EAST AVE

18. BURIAL, CREMATION, OR REMOVAL
Place ST STANISLAUS CEMETERY. OCT 13 1934

19. UNDERTAKER STEPHEN J FIALKOWSKI INC
(Address) 1000 S. KENWOOD AVE

20. FILED OCT 13 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from AUG 19, 1934, to OCT 10, 1934

I last saw HIM alive on OCT 9, 1934 Death is said to have occurred on the date stated above, at 1.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERALIZED ARTERIOSCLEROSIS	
CHRONIC AORTITIS &	
CORONARY DISEASE	
MYOCARDIAL DEGENERATION	
MYOCARDIAL FAILURE	OCT 10 34

Other contributory causes of importance:

CHRONIC BRONCHITIS

Name of operation NONE Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify

(Signed) Emmanuel A Jeninger M. D.

(Address) 842 S East Ave

M. D. B. 1268-9

F 05488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05488

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto, Md. St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

*2. FULL NAME Mary Darney

(a) Residence: No. 602 Smith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles (Deceased)

6. DATE OF BIRTH (month, day, year): 1862

7. AGE — Years: 72 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Records
(Address): Balto. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: 10/11/34

19. UNDERTAKER: John O. Mitchell & Sons, Inc.
(Address): 1900 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-21- 1931 to 10 7- 1934

I last saw h. alive on 10 7 1934 Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct	2 days
Other contributory causes of importance: Arteriosclerotic Heart Disease	2 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Mary Gilchrist M. D.
(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 3-3

OCT 10 1934

M. D. B. 1268-0

F 05489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 W. SARATOGA ST Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LEO LORINEZ

(a) Residence: No. 423 W. SARATOGA ST Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~or wife of~~) ANNIE LORINEZ

6. DATE OF BIRTH (month, day, year) NOV-7-1887

7. AGE: Years 45 46 | Months 11 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungarian

FATHER

13. NAME Louis Lorinez

14. BIRTHPLACE (city or town) (State or country) Hungarian

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Hungarian

17. INFORMANT Annie Lorinez

(Address) 423 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Date 10/11/34

19. UNDERTAKER Geo H. Lembach

(Address) 25 N Eutaw St

FILED 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-9-1931 to 10-9-1934

I last saw h alive on 10-9-34 Death is said to have occurred on the date stated above, at 5.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	10-5-34

Other contributory causes of importance:

Diabetes	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 117 W Saratoga St

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 10 1934

M. D. B. 1268-9

F 05490

F 05490 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Brent St. 14-el Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doctor Dorsey

(a) Residence: No. 1907 Brent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student Md

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Warren Dorsey

16. BIRTHPLACE (city or town) (State or country) Hillsboro Miss.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL Removal by Undertaker
Place Westlawn Md Date Oct 10 1934

19. UNDERTAKER ...
(Address)

20. FILED ..., 19... Registrar.

OCT 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934, to Oct 9, 1934

I last saw her alive on Oct 9, 1934. Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
5 Mo Abortion	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alexander Dorsey M. D.

(Address) 1516 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05491

F 05491 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Battery ave St. 24-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Stampe

(a) Residence: No. 1518 Battery ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 6th 1864

7. AGE: Years 70 | Months 8 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Jacob Stampe

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Thierranch

16. BIRTHPLACE (city or town) (State or country): City

17. INFORMANT: Rachel Fowler

(Address): 1518 Battery ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Oct 12 34, 19

19. UNDERTAKER: J. A. McCay

(Address): 3000 E. Balto St

20. Filed: OCT 19 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Oct 1934

I last saw her alive on Oct 9, 1934. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Lung — Date of onset Dec 1933

a Metastases

Other contributory causes of importance:

Arteriosclerotic Cardio Vascular Disease — Duration

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter John, M. D.

(Address) 102 E. Fort Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 19 1934

M. D. B. 1268-9

F 05492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05492

CERTIFICATE OF DEATH

82-101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2914 Reynolds Parkway (Ward) 21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Cooper

(a) Residence: No. 2914 Reynolds Parkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie M.

6. DATE OF BIRTH (month, day, year) Apr. 24, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles C. Cooper

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lizzie E. Hospelhorn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elsie M. Cooper

(Address) 2914 Reynolds Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date OCT 11 1934

19. UNDERTAKER Myers Funeral Home

(Address) 1700 Broadway

Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Attack of Epilepsy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John H. Osborne M. D.

(Address) 163 E. Roland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 12 1934

M. D. B 1268-9

F 05493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05493

CERTIFICATE OF DEATH

178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo W. Lewis

(a) Residence: No. 1006 W. 42 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years 60 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Geo W. Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Robinson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Una Nicholls

(Address) 1006 W. 42

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Cem Oct 11 1934

19. UNDERTAKER Thos. E. Kelson

(Address) 303 Pressman St

OCT 11 1934

Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accident

Asphyxiated by illuminating gas

Other contributory causes of importance:

Was in front room asleep Something boiled over on stove put out gas

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Oct 9 1934

Where did injury occur? home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Asphyxiated by Gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Finch Coroner, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. P 05494 F 05494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 W. Balto St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Green

(a) Residence: No. 1531 W Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Green

6. DATE OF BIRTH (month, day, year) July 24 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk Off

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Green

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E Thomas

16. BIRTHPLACE (city or town) (State or country) Parkersburg W Va

17. INFORMANT Mary E Green

(Address) 1531 W Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date Oct 12 19 34

19. UNDERTAKER Williams & Cook

(Address) 1217 St Paul St

20. FILED OCT 11 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH 4.35 pm

21. DATE OF DEATH (month, day, year) Oct 9/1934. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 27. 1934 to Oct 9th. 1934

I last saw him alive on Oct 9th. 1934 Death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Colitis (Probably of Tubercular Origin)	1933

Other contributory causes of importance:

Tubercular Peritonitis (discovered when he was operated on for Hernia) Name of operation Hernia Date of 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Williams & Cressick M. D.

(Address) 1700 Linden Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1934

M. D. B 1268-9

F 05495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05495

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert E. Conway

(a) Residence: No. 2683 St Benedict St Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 13/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jos. Ed. Conway

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Edna Knight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Edna E. Conway 2683 St Benedict St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10/12/34. 19

19. UNDERTAKER (Address) Williams Co. 1217 St Paul St

FILED OCT 11 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/34. 19 2am

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Octb 9-34

Other contributory causes of importance:

Malnutrition Sinus Infection

Name of operation Surgery Date Octb 10-34

What test confirmed diagnosis? " Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NV If so, specify ...

(Signed) John L. Valentine M. D. Coroner

(Address) 16 So Brooks

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

F 05496

F 05496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Edgewood Sanatarium St., 27-6 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Stambaugh

(a) Residence: No. 101 Shealey Ave, Towson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stambaugh

6. DATE OF BIRTH (month, day, year) April 5, 1876

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
58	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Ephriam Wilson.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Kline.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT John Stambaugh.

(Address) 101 Shealey Ave Towson.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn. Date Oct 13, 1934

19. UNDERTAKER Chesnow Dolon

(Address) 3615 Chestnut Ave.

20. FILED ... Fee ... Will ... Rec'd

OCT 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1934 to Oct. 10, 1934

I last saw her alive on Oct. 10, 1934. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept. 22

Other contributory causes of importance:

Hypertension
Chronic Nephritis
Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Earl H. Benson, M. D.

(Address) 5111 York Rd.

M. D. H. 1240

F 05497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05497

72-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Reutzyk

(a) Residence: No. 223 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Sam Reutzyk

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sadie Silver

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Louis Reutzyk-Uncle

(Address) 2835 Waldorf Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 10-11-34 19

19. UNDERTAKER Lutz Sons Inc

(Address) 1398 E. Baltimore St

20. FILED 19 Registrar.

OCT 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/34 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	
Other contributory causes of importance:	
Probable Leukemia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bullock Coroner, M. D.

(Address) 501 E. Lexington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05498

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Arnold

(a) Residence: No. 609 Primon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	76	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Arnold.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Schill.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Arnold
(Address) 609 Primon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 12th 193[illegible]

19. UNDERTAKER Charles W. Dill
(Address) 3109 Erdman Ave.

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull accidental	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Oct 7, 1934
Where did injury occur? 3049 Frederick Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell down steps
Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) D. J. Kerrigan M. D.
Coroner
(Address) 1305 N Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1934

M. D. B. 1938-4 F 05499 F 05499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 Maryland Ave. St., 12-01 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hope Burns

(a) Residence: No. 2434 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 22 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W.Va.

FATHER

13. NAME George W. Burns

14. BIRTHPLACE (city or town) (State or country) Winchester Va

MOTHER

15. MAIDEN NAME Nannie Harrison

16. BIRTHPLACE (city or town) (State or country) Martinsburg W.Va.

17. INFORMANT Elizabeth D. Block

(Address) 2434 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburgh W.Va Oct 12, 1934

19. UNDERTAKER Harry A. Arnaud & Son

(Address) 4204 Ridgewood Ave.

19a. FILED Oct 11 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934 to Oct 10, 1934

I last saw her alive on Oct 10, 1934. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Rt side	Sept 20-34
Other contributory causes of importance:	
Myocarditis	?
Contracted sclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm Weinberg Jr M. D.

(Address) 205 S. Preston St

M. D. B. F 38-0 F 05500

F 05500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 Reisterstown Rd. St., 6th Ward)

Registered No. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius H. Lipnick

(a) Residence: No. 2527 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Glika

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Lipnick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Abramowitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. F. Worshaw

(Address) 2527 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cohen-Harrison Date Oct 11. 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St.

20. FILED Oct 11 1934 Henderson Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27th, 1932 to Oct 11th, 1934

I last saw h alive on Oct 10th, 1934 Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Obliteration	10/9/34
Other contributory causes of importance: Carcinoma, Throat	1932
" Abdominal	1934

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Hess M. D.

(Address) 2100 W Lafayette Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 11 1934

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 17 DAY August

OF 19__ THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH F02573 June 25 1934 AND

ENDING WITH F05500 Oct. 11 1934 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

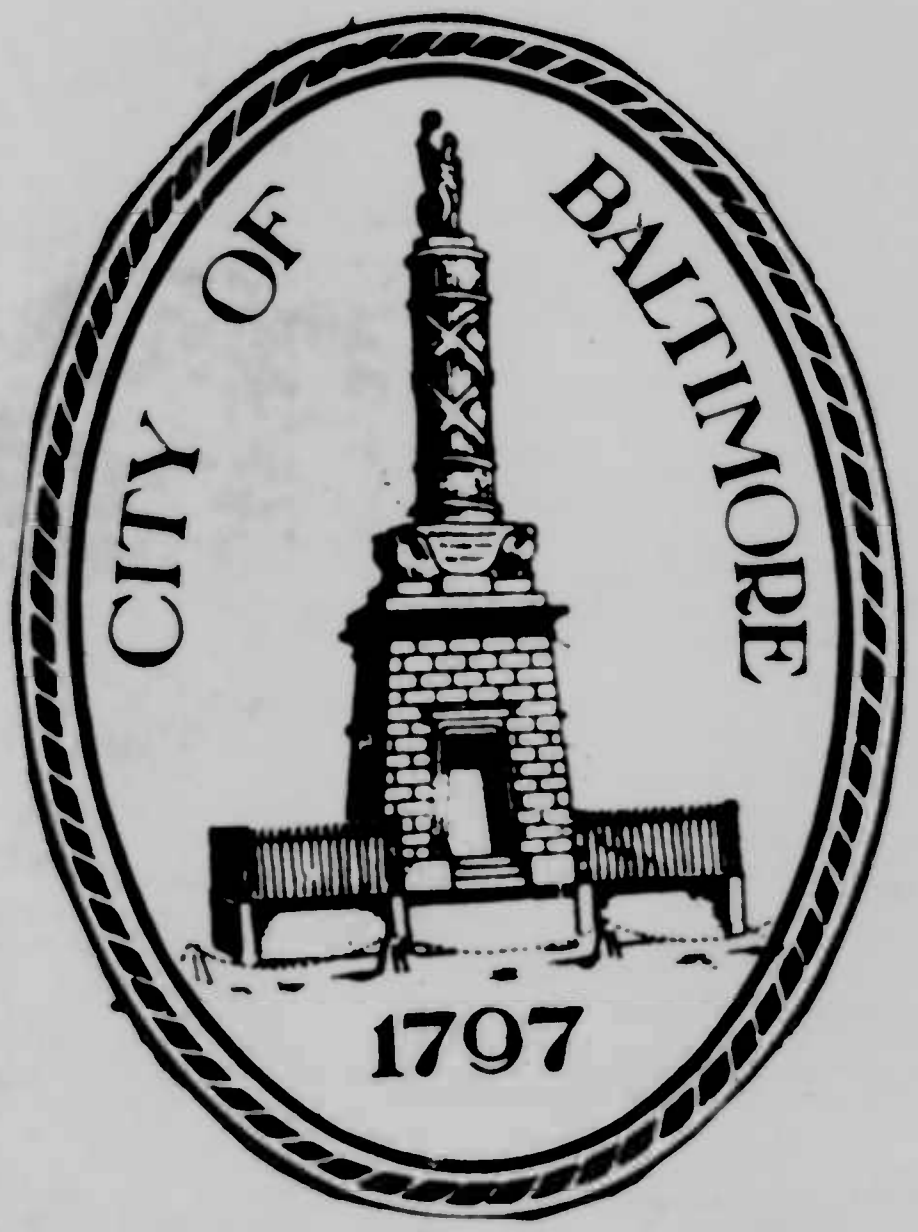
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. MacFaul



END OF REEL